

US EPA RECORDS CENTER REGION 5



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STATE OF INDIANA) IN THE ELKHART SUPERIOR COURT 3
COUNTY OF ELKHART) SS: CAUSE NO 20D03-1103-PL-10

LEO VANNORMAN, et al.,)
)
Plaintiffs,)
)
vs.)
)
FLEXSTEEL INDUSTRIES, INC., LDL REALTY)
COMPANY, LLC., DAVID DYGERT AND)
PHYLLIS B. DYGERT,)
)
Defendants.)

AFFIDAVIT OF TRIS O. GOUR

Tris O. Gour, sworn upon his oath, hereby states:

1. I am of requisite age and capacity to testify as to all matters stated herein, and am under no legal disability that would in any way preclude me from testifying. I make the statements in this affidavit upon my own personal knowledge.
2. I am the Principal Senior Scientist for Industrial Safety & Environmental Services ("ISES").
3. ISES performed regulatory compliance work and other environmental services on behalf of Dygert Seating, Inc. and later, the Dygert Seating Division of Flexsteel, between approximately 1994 and 2001.
4. In 1994, I drafted a Construction Permit Application for the installation of a thermal fume oxidizer on behalf of Dygert Seating, Inc. A true and accurate copy of that Application is attached to this Affidavit as **Exhibit A**.
5. Section Six of the Construction Permit Application contains a Material Safety Data Sheet ("MSDS") provided to me by Dygert Seating, Inc. for the adhesive used in the manufacturing processes at Dygert Seating, Inc. in 1994.
6. On May 17, 1994, I submitted the Construction Permit Application to the Indiana Office of

Air Management. A true and accurate copy of my letter transmitting this Application is attached to this Affidavit as **Exhibit B**.

7. In approximately April 1997, Gregg Gaskill requested that I assist Dygert Seating, Inc. with the waste characterization of materials left at 1010 Eisenhower Drive in Goshen, Indiana. Mr. Gaskill told me that most, if not all, of this waste came from the operations of Goshen Cushion, before Dygert Seating, Inc. purchased that business.
8. In April 1997, I accompanied personnel from D&B Environmental to 1010 Eisenhower Drive, in Goshen, Indiana for the purpose of characterizing the waste described by Mr. Gaskill. While at this manufacturing site, I inventoried the materials to be disposed and assisted D&B Environmental in taking samples of materials to ascertain the correct method of disposal.
9. D&B Environmental provided me with a copy of the laboratory results for the samples taken of unidentified liquids at the 1010 Eisenhower Drive manufacturing site. A true and accurate copy of these sample results are attached to this Affidavit as **Exhibit C**.
10. On May 1, 1997, I wrote to Mr. Gaskill, summarizing the contents of the materials inventoried by me at 1010 Eisenhower Drive and notifying him that ISES would obtain an EPA Identification Number for the "one time" generation and shipment of this waste from the Goshen manufacturing site. A true and accurate copy of my letter is attached to this Affidavit as **Exhibit D**.
11. On June 30, 1997, David Dygert wrote to me on behalf of the debtor in possession of Dygert Seating, Inc., requesting that ISES remove the barrels of waste identified by me in my May 1, 1997 letter. A true and accurate copy of Mr. Dygert's letter is attached to this Affidavit as **Exhibit E**.

12. On July 2, 1997, Kent F. Brechtel of Innkeepers of Goshen wrote to me, promising that Innkeepers of Goshen would pay for the removal of the waste identified by me in my May 1, 1997 letter. A true and accurate copy of the July 2, 1997 letter sent to me by Kent Brechtel is attached to this Affidavit as **Exhibit F**.
13. On July 7, 1997, Kent F. Brechtel again wrote to me, promising that Innkeepers of Goshen would pay for the removal of the waste from Goshen. A true and accurate copy of the July 7, 1997 letter sent to me by Kent Brechtel is attached to this Affidavit as **Exhibit G**.
14. After Innkeepers of Goshen promised to pay ISES for the removal of waste from the property owned by Innkeepers at 1010 Eisenhower Drive in Goshen, Indiana, I instructed ISES employee Kathy Norris to obtain an EPA Identification Number for that manufacturing site on behalf of Dygert Seating, Inc.
15. Pursuant to my instruction, Ms. Norris faxed a draft Notification of Hazardous Waste to Mr. Gaskill on July 16, 1997 for signature by Dave Dygert. A true and accurate copy of the July 16, 1997 fax is attached to this Affidavit as **Exhibit H**.
16. After receiving Dave Dygert's signature, ISES then faxed the draft Notification of Regulated Waste Activity for the removal of the waste at 1010 Eisenhower Drive, with a request for an EPA Identification Number for that site, to Marilyn Hansen of the Indiana Department of Environmental Management ("IDEM"). A true and accurate copy of that fax is attached to my Affidavit as **Exhibit I**. ISES requested this EPA Identification Number so that ISES could complete the necessary paperwork for the one-time disposal of hazardous waste from 1010 Eisenhower Drive in Goshen, Indiana.
17. IDEM provided ISES, on behalf of Dygert Seating Inc., with EPA Identification Number IND005253513 for the manufacturing site located at 1010 Eisenhower Drive. Thereafter,

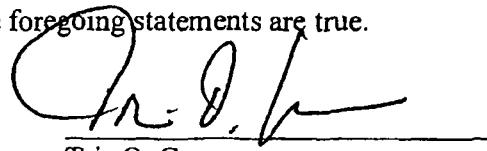
ISES completed the Notification of Regulated Waste Activity with this EPA Identification Number, and submitted it to IDEM. A true and accurate copy of the Notification of Regulated Waste Activity provided by ISES to IDEM, and which relates to the manifestation of hazardous waste from 1010 Eisenhower Drive in Goshen, Indiana, is attached to this Affidavit as **Exhibit J**.

18. On July 18, 1997, I completed Waste Characterizations with the new EPA Identification Number provided by IDEM for the waste being manifested from 1010 Eisenhower Drive in Goshen, Indiana. D&B Environmental provided me with copies of these waste characterizations, as well as the Uniform Hazardous Waste Manifest prepared by D&B Environmental for the removal of this waste, on February 17, 1998 for my files. A true and accurate copy of these waste characterizations and the waste manifest prepared by D&B Environmental is attached to this affidavit as **Exhibit K**.
19. I did not observe or participate in, any transportation of waste from 1010 Eisenhower Drive, Goshen, Indiana, to the manufacturing sites of the Dygert Seating Division of Flexsteel on Marina Drive or Cooper Drive in Elkhart, Indiana.
20. After I completed the waste removal activities at 1010 Eisenhower Drive in Goshen, Indiana described in this Affidavit, Innkeepers of Goshen failed to pay me as promised.
21. On September 9, 1998, counsel for Innkeepers of Goshen, Yoder Ainlay, Ulmer & Buckingham ("YAUB"), provided me with an Application for Payment of Administrative Expense that they told me to file with the Bankruptcy Court in the bankruptcy proceeding for Dygert Seating, Inc. A true and accurate copy of this correspondence and the Application drafted by YAUB is attached to this Affidavit as **Exhibit L**.
22. I completed the Application for Payment of Administrative Expense and filed it with the

Bankruptcy Court, as instructed by the attorney from YAUB, on September 16, 1997. This Application included my invoice for the removal of waste from 1010 Eisenhower Drive, in Goshen, Indiana, as quoted in my May 1, 1997 letter. A true and accurate, file-stamped copy of this Application is attached to my affidavit as **Exhibit M**.

I affirm, under the penalties of perjury, that the foregoing statements are true.

6-10-11
Date


Tris O. Gour

FE 6A

PW
X

Dygert Seating
53381 Marina Drive
P.O. Box 847
Elkhart, Indiana 46515

Construction Permit Application

Prepared By:

Industrial Safety and Environmental Services
716 Lincolnway West
Osceola, Indiana 46561

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<u>SECTION</u>	<u>DESCRIPTION</u>
1.	General Information Form
2.	Construction Permit Application
3.	Identification Of Potentially Affected Persons
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5.	Stack Testing Data
6.	Material Safety Data Sheet

Section One

Section Two

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

FORM B

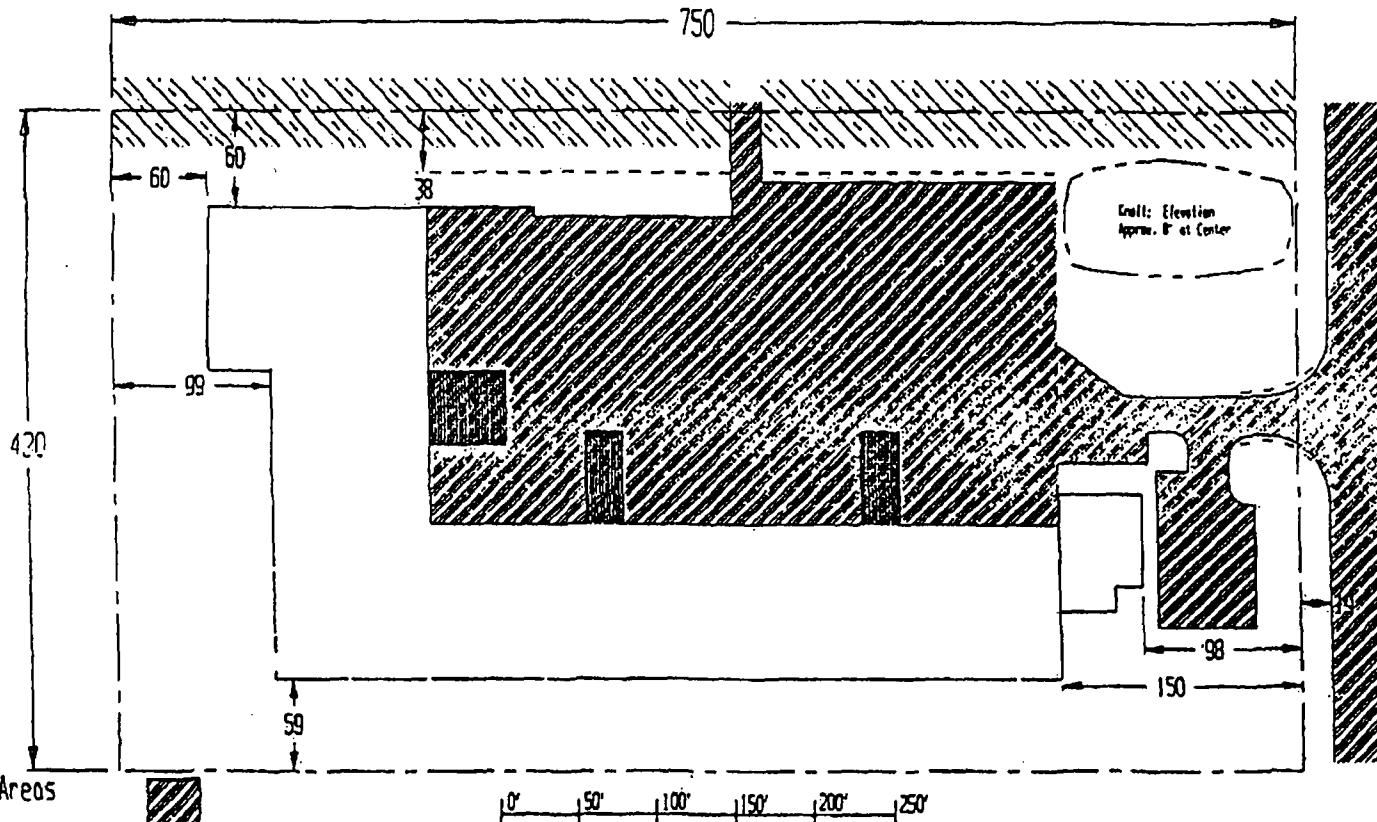
Plant Layout and GEP Stack Height Information Sheet

Company Name DYERK SEATING

This permit application must include a plant layout(s) showing the following information:

1. Drawings, several, if necessary, but each one must be to scale, with actual scale shown. All dimensions must be clearly indicated. This includes building heights, widths, and lengths, and their distance relationship with the property line. It should also indicate where fences or other access-limiting features exist.
2. The layout must show the location of all emission points (exhaust stacks, roof monitors, control devices, or process vents, etc.). Identify each of these emission points under "Stack Identification" on the appropriate forms.
3. The layout(s) must show all roadways and description of roadway surfaces.
4. The layout(s) must include a compass pointing north.

SEE FIGURE ONE (!)



Paved Areas



Truck Docks



Ditch, depth

Runs 5 to 10 ft.,
East to West

Fences

Property Lines

INDUSTRIAL SAFETY & ENVIRONMENTAL SERVICES

Drawn by RM

Dygert Seating

All Dimensions in Feet

April 20, 1994

SIZE

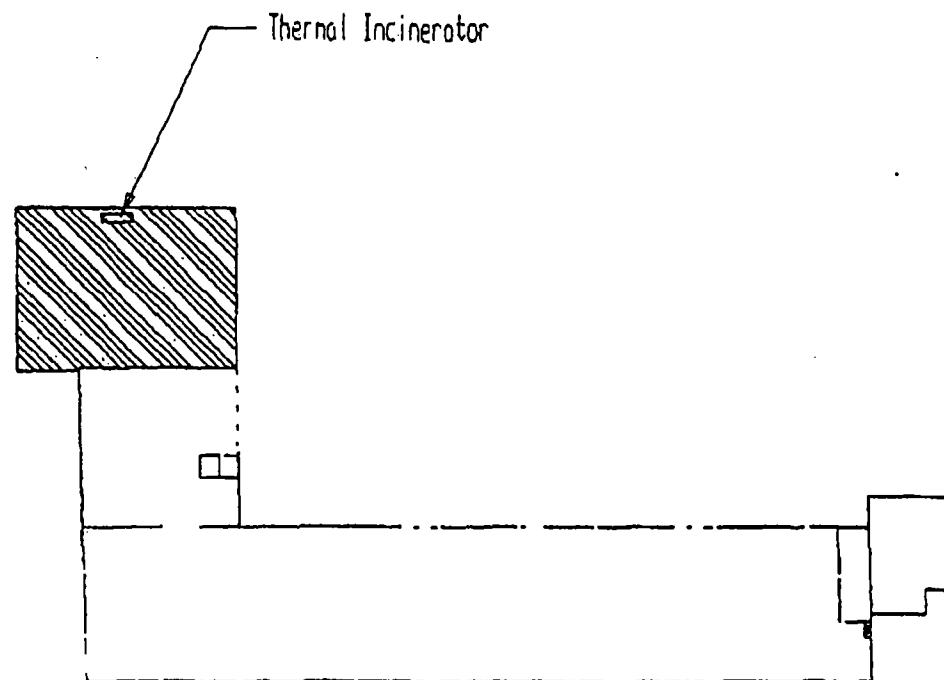
FSCH NO.

ORG NO.

ISESDYG101

REV

SHEET 1 of 4



New Addition

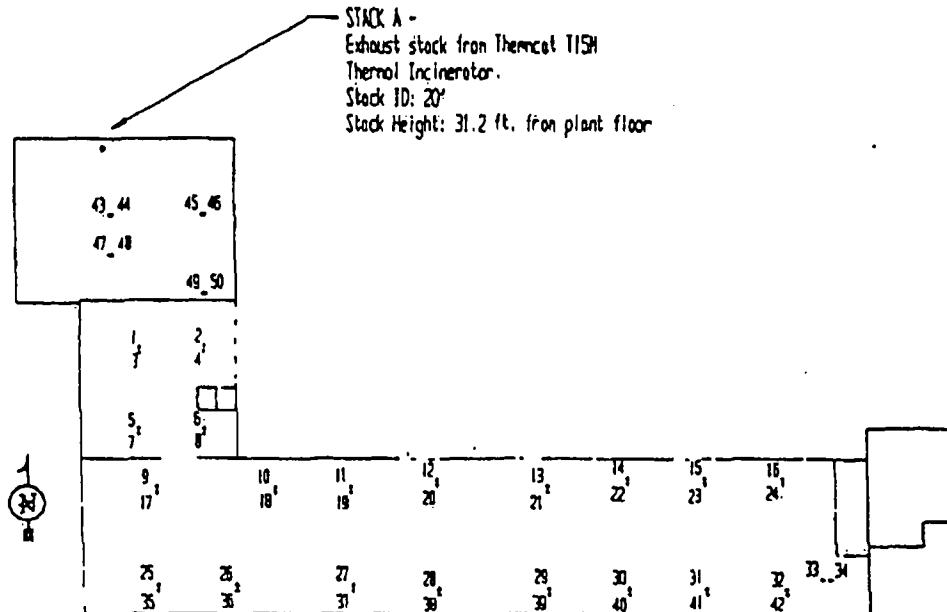
0' 50' 100' 150' 200' 250'

INDUSTRIAL SAFETY & ENVIRONMENTAL SERVICES

Drawn by RM

Dygert Seating

	SIZE	FSCH NO.	ORG NO.	ISESDYG101	REV
April 20, 1994				SHEET 2 of 4	



Numbered locations of furnace
 exhausts (50 pl.)
 Heights from Plant Floor
 are indicated on
 Form D.

10' 50' 100' 150' 200' 250'

INDUSTRIAL SAFETY & ENVIRONMENTAL SERVICES

Drawn by RM

Dygert Seating

	SIZE	FSCH NO.	DMG NO.	ISESDYG103	REV
April 20, 1994				SHEET 3 of 4	

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Incinerator Information

Not Applicable

Company Name DYGER SEATING

Manufacturer _____ Model _____

(Furnish sketch with dimensions)

Design Capacity _____ lb/hr _____ Btu/hr

Type of Waste Burned (Be Specific) _____

Check one: Single Chamber w/Afterburner _____ Multiple Chambers _____

Burner in Primary Chamber? Yes No

Burner in Secondary Chamber? Yes No

Type of Fuel _____

Chamber	Primary	Secondary
---------	---------	-----------

Residence Time (sec) _____

Temperature (°F) _____

STACK DATA

Stack Identification _____

Height (ft above ground) _____

Diameter (ft inside) _____

Gas discharge Temperature (°F) _____

Gas Flow Rate (acfm) _____

OPERATION SCHEDULE

Hours/Day _____

Days/Week _____

Weeks/Year _____

Manufacturer's Guaranteed Emission Rate (lb particulate matter per 1,000 lb dry exhaust gas at 70°F and 1 atm, corrected to 50 % excess air) _____

Revised 9/22/98

STATE OF INDIANA
 DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
 Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

3.	4.
Type of FCU	RADIANT FURNACE
FCU Identification	DHT 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	22.3'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)....	105°
Gas Flow Rate (acfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

Revised 10-25-88

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: INGERT SEATING

	1.	2.
Type of FCU	<u>RADIANT FURNACE</u>	<u>RADIANT FURNACE</u>
FCU Identification	<u>DEI 40-100</u>	<u>DEI 40-100</u>
Method of Fuel Feed	<u>PRESSURE</u>	<u>PRESSURE</u>
* Capacity (MM Btu/hr input).....	<u>0.10</u>	<u>0.10</u>
** Fire Box Volume (cu ft).....	<u>N/A</u>	<u>N/A</u>
Start of Construction Date.....	<u>JANUARY 1983</u>	<u>JANUARY 1983</u>
Start of Operation Date	<u>JANUARY 1983</u>	<u>JANUARY 1983</u>

FUEL

Type Used	<u>NATURAL GAS</u>	<u>NATURAL GAS</u>
* Ash Min/Max (solid fuel only) ...	<u>N/A</u>	<u>N/A</u>
* Sulfur Min/Max.....	<u>N/A</u>	<u>N/A</u>
Higher Heating Value Min/Max.....	<u>1000-1000</u>	<u>1000-1000</u>
Amount Burned/Yr (ton, cu ft, gal) <u>N/A</u>		<u>N/A</u>

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	<u>N/A</u>	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	<u>N/A</u>
Type of SO ₂ Emission Control Unit.	<u>N/A</u>	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	<u>N/A</u>
Type of NO _x Emission Control Unit.	<u>N/A</u>	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	<u>N/A</u>

STACK DATA

Stack Identification.....	<u>CLASS B VENT</u>	<u>CLASS B VENT</u>
Height (ft above ground).....	<u>21.6'</u>	<u>20.5'</u>
Diameter (ft inside).....	<u>4"</u>	<u>4"</u>
Gas Discharge Temperature (°F)	<u>105°</u>	<u>105°</u>
Gas Flow Rate (acfm).....	<u>1.6 acfm</u>	<u>1.6 acfm</u>

OPERATION SCHEDULE

Hours/Day.....	<u>24</u>	<u>24</u>
Days/Week	<u>7</u>	<u>7</u>
Weeks/Year.....	<u>26</u>	<u>26</u>

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable _____

Company Name: DIGERT SEATING

5.	6.
Type of FCU	RADIANT FURNACE
FCU Identification	DET 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983
 FUEL	
Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)....	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal)	N/A
 EMISSION CONTROL UNIT	
Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit..	N/A
* Efficiency.....	N/A
 STACK DATA	
Stack Identification.....	CLASS B VENT
Height (ft above ground).....	21.7'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°)....	105°
Gas Flow Rate (acfm).....	1.6 acfm
 OPERATION SCHEDULE	
Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

STATE OF INDIANA
 DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
 Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable _____

Company Name: INGEKT SEATING

	7.	8.
Type of FCU	RADIANT FURNACE	RADIANT FURNACE
FCU Identification	DHT 40-100	DHT 40-100
Method of Fuel Feed	PRESSURE	PRESSURE
* Capacity (MM Btu/hr input).....	0.10	0.10
** Fire Box Volume (cu ft).....	N/A	N/A
Start of Construction Date.....	JANUARY 1983	JANUARY 1983
Start of Operation Date	JANUARY 1983	JANUARY 1983

FUEL		
Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)....	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A		N/A

EMISSION CONTROL UNIT		
Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA		
Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	21.6'	22.5'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)....	105°	105°
Gas Flow Rate (acfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE		
Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGEST SEATING

9.	10.
Type of FCU	RADIANT FURNACE
FCU Identification	DHT 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1000
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit..	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	24.7'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)	105°
Gas Flow Rate (acfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

11.	12.
Type of FCU	RADIANT FURNACE
FCU Identification	DHT 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	23.8'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)....	105°
Gas Flow Rate (acfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERI SEATING

	13.	14.
Type of FCU	RADIANT FURNACE	RADIANT FURNACE
FCU Identification	DHT 40-100	DHT 40-100
Method of Fuel Feed	PRESSURE	PRESSURE
* Capacity (MM Btu/hr input).....	0.10	0.10
** Fire Box Volume (cu ft).....	N/A	N/A
Start of Construction Date.....	JANUARY 1983	JANUARY 1983
Start of Operation Date	JANUARY 1983	JANUARY 1983

FUEL

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)....	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A		N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	23.0'	22.6'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)....	105°	105°
Gas Flow Rate (acfm)	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

Revised 10-25-88

80000

**STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT**

**Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)**

Not Applicable _____

Company Name: DYGERT SEATING

15.	16.
Type of FCU	RADIANT FURNACE
FCU Identification	DEI 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	22.7'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)....	105°
Gas Flow Rate (acfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DYGERI SEATING

17.	18.
Type of FCU	RADIANT FURNACE
FCU Identification	DRH 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)....	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A		N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground)	24.8'	25.0'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)	105°	105°
Gas Flow Rate (acfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGEST SEATING

	19.	20.
Type of FCU	RADIANT FURNACE	RADIANT FURNACE
FCU Identification	DEI 40-100	DEI 40-100
Method of Fuel Feed	PRESSURE	PRESSURE
* Capacity (MM Btu/hr input).....	0.10	0.10
** Fire Box Volume (cu ft).....	N/A	N/A
Start of Construction Date.....	JANUARY 1983	JANUARY 1983
Start of Operation Date	JANUARY 1983	JANUARY 1983

FUEL

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	23.5'	22.8'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)....	105°	105°
Gas Flow Rate (acfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable _____

Company Name: DYGERT SEATING

21.	22.
Type of FCU	RADIANT FURNACE
FCU Identification	DHT 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)....	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	25.1'
Diameter (ft inside)	4"
Gas Discharge Temperature (°F)	105°
Gas Flow Rate (acfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
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Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

23.	24.
Type of FCU	RADIANT FURNACE
FCU Identification	DEI 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	24.8'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)....	105°
Gas Flow Rate (scfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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**STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT**

**Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)**

Not Applicable

Company Name: DIGERI SEATING

<p>25.</p> <p>Type of FCU RADIANT FURNACE</p> <p>FCU Identification DRI 40-100</p> <p>Method of Fuel Feed PRESSURE</p> <p>* Capacity (MM Btu/hr input)..... 0.10</p> <p>** Fire Box Volume (cu ft)..... N/A</p> <p>Start of Construction Date..... JANUARY 1983</p> <p>Start of Operation Date JANUARY 1983</p>	<p>26.</p> <p>RADIANT FURNACE</p> <p>DRI 40-100</p> <p>PRESSURE</p> <p>0.10</p> <p>N/A</p> <p>JANUARY 1983</p> <p>JANUARY 1983</p>
<p>FUEL</p> <p>Type Used NATURAL GAS</p> <p>* Ash Min/Max (solid fuel only).... N/A</p> <p>* Sulfur Min/Max..... N/A</p> <p>Higher Heating Value Min/Max..... 1000-1030</p> <p>Amount Burned/Yr (ton, cu. ft, gal) N/A</p>	
<p>EMISSION CONTROL UNIT</p> <p>Type of PM Emission Control Unit.. N/A</p> <p>* Efficiency..... N/A</p> <p>Type of SO₂ Emission Control Unit. N/A</p> <p>* Efficiency..... N/A</p> <p>Type of NO_x Emission Control Unit. N/A</p> <p>* Efficiency..... N/A</p>	
<p>STACK DATA</p> <p>Stack Identification..... CLASS B VENT</p> <p>Height (ft above ground)..... 23.5'</p> <p>Diameter (ft inside)..... 4"</p> <p>Gas Discharge Temperature (°F)..... 105°</p> <p>Gas Flow Rate (acfm)..... 1.6 acfm</p>	
<p>OPERATION SCHEDULE</p> <p>Hours/Day..... 24</p> <p>Days/Week 7</p> <p>Weeks/Year..... 26</p>	

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DYGERT SEATING

Type of FCU	27.	28.
FCU Identification	RADIANT FURNACE	RADIANT FURNACE
Method of Fuel Feed	DHT 40-100 PRESSURE	DHT 40-100 PRESSURE
* Capacity (MM Btu/hr input).....	0.10	0.10
** Fire Box Volume (cu ft).....	N/A	N/A
Start of Construction Date.....	JANUARY 1983	JANUARY 1983
Start of Operation Date	JANUARY 1983	JANUARY 1983

FUEL

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A		N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	23.4'	22.8'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)	105°	105°
Gas Flow Rate (acfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

29.	30.
Type of FCU	RADIANT FURNACE
FCU Identification	DHT 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit..	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	24.8'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)....	105°
Gas Flow Rate (scfm).....	1.6 scfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DYGERI SEATING

31.		32.	
Type of FCU	<u>RADIANT FURNACE</u>	Type of FCU	<u>RADIANT FURNACE</u>
FCU Identification	<u>IHT 40-100</u>	FCU Identification	<u>IHT 40-100</u>
Method of Fuel Feed	<u>PRESSURE</u>	Method of Fuel Feed	<u>PRESSURE</u>
* Capacity (MM Btu/hr input).....	<u>0.10</u>	* Capacity (MM Btu/hr input).....	<u>0.10</u>
** Fire Box Volume (cu ft).....	<u>N/A</u>	** Fire Box Volume (cu ft).....	<u>N/A</u>
Start of Construction Date.....	<u>JANUARY 1983</u>	Start of Construction Date.....	<u>JANUARY 1983</u>
Start of Operation Date	<u>JANUARY 1983</u>	Start of Operation Date	<u>JANUARY 1983</u>
FUEL			
Type Used	<u>NATURAL GAS</u>	Type Used	<u>NATURAL GAS</u>
* Ash Min/Max (solid fuel only) ...	<u>N/A</u>	* Ash Min/Max (solid fuel only) ...	<u>N/A</u>
* Sulfur Min/Max.....	<u>N/A</u>	* Sulfur Min/Max.....	<u>N/A</u>
Higher Heating Value Min/Max.....	<u>1000-1030</u>	Higher Heating Value Min/Max.....	<u>1000-1030</u>
Amount Burned/Yr (ton, cu ft, gal) N/A	<u>N/A</u>	Amount Burned/Yr (ton, cu ft, gal) N/A	<u>N/A</u>
EMISSION CONTROL UNIT			
Type of PM Emission Control Unit..	<u>N/A</u>	Type of PM Emission Control Unit..	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	* Efficiency.....	<u>N/A</u>
Type of SO ₂ Emission Control Unit..	<u>N/A</u>	Type of SO ₂ Emission Control Unit..	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	* Efficiency.....	<u>N/A</u>
Type of NO _x Emission Control Unit..	<u>N/A</u>	Type of NO _x Emission Control Unit..	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	* Efficiency.....	<u>N/A</u>
STACK DATA			
Stack Identification.....	<u>CLASS B VENT</u>	Stack Identification.....	<u>CLASS B VENT</u>
Height (ft above ground).....	<u>24.8'</u>	Height (ft above ground).....	<u>22.8'</u>
Diameter (ft inside).....	<u>4"</u>	Diameter (ft inside).....	<u>4"</u>
Gas Discharge Temperature (°F)	<u>105°</u>	Gas Discharge Temperature (°F)	<u>105°</u>
Gas Flow Rate (acfm).....	<u>1.6 acfm</u>	Gas Flow Rate (acfm).....	<u>1.6 acfm</u>
OPERATION SCHEDULE			
Hours/Day.....	<u>24</u>	Hours/Day.....	<u>24</u>
Days/Week	<u>7</u>	Days/Week	<u>7</u>
Weeks/Year.....	<u>26</u>	Weeks/Year.....	<u>26</u>

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

33.	34.
Type of FCU	RADIANT FURNACE
FCU Identification	DHT 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)....	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A		N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	24.5'	23.0
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)....	105°	105°
Gas Flow Rate (acfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable _____

Company Name: DIGERT SEATING

	35.	36.
Type of FCU	<u>RADIANT FURNACE</u>	<u>RADIANT FURNACE</u>
FCU Identification	<u>DHT 40-100</u>	<u>DHT 40-100</u>
Method of Fuel Feed	<u>PRESSURE</u>	<u>PRESSURE</u>
* Capacity (MM Btu/hr input).....	<u>0.10</u>	<u>0.10</u>
** Fire Box Volume (cu ft).....	<u>N/A</u>	<u>N/A</u>
Start of Construction Date.....	<u>JANUARY 1983</u>	<u>JANUARY 1983</u>
Start of Operation Date	<u>JANUARY 1983</u>	<u>JANUARY 1983</u>

FUEL

Type Used	<u>NATURAL GAS</u>	<u>NATURAL GAS</u>
* Ash Min/Max (solid fuel only)....	<u>N/A</u>	<u>N/A</u>
* Sulfur Min/Max.....	<u>N/A</u>	<u>N/A</u>
Higher Heating Value Min/Max.....	<u>1000-1030</u>	<u>1000-1030</u>
Amount Burned/Yr (ton, cu ft, gal) N/A		<u>N/A</u>

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	<u>N/A</u>	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	<u>N/A</u>
Type of SO ₂ Emission Control Unit.	<u>N/A</u>	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	<u>N/A</u>
Type of NO _x Emission Control Unit.	<u>N/A</u>	<u>N/A</u>
* Efficiency.....	<u>N/A</u>	<u>N/A</u>

STACK DATA

Stack Identification.....	<u>CLASS B VENT</u>	<u>CLASS B VENT</u>
Height (ft above ground).....	<u>23.3'</u>	<u>23.3'</u>
Diameter (ft inside).....	<u>4"</u>	<u>4"</u>
Gas Discharge Temperature (°F)	<u>105°</u>	<u>105°</u>
Gas Flow Rate (acfm).....	<u>1.6 acfm</u>	<u>1.6 acfm</u>

OPERATION SCHEDULE

Hours/Day.....	<u>24</u>	<u>24</u>
Days/Week	<u>7</u>	<u>7</u>
Weeks/Year.....	<u>26</u>	<u>26</u>

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable _____

Company Name: DYGERT SEATING

	37.	38.
Type of FCU	RADIANT FURNACE	RADIANT FURNACE
FCU Identification	DEI 40-100	DEI 40-100
Method of Fuel Feed	PRESSURE	PRESSURE
* Capacity (MM Btu/hr input).....	0.10	0.10
** Fire Box Volume (cu ft).....	N/A	N/A
Start of Construction Date.....	JANUARY 1983	JANUARY 1983
Start of Operation Date	JANUARY 1983	JANUARY 1983

FUEL

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	23.3'	25.0'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)....	105°	105°
Gas Flow Rate (acfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable _____

Company Name: DUCERT SEATING

	39.	40.
Type of FCU	RADIANT FURNACE	RADIANT FURNACE
FCU Identification	DHT 40-100	DHT 40-100
Method of Fuel Feed	PRESSURE	PRESSURE
* Capacity (MM Btu/hr input).....	0.10	0.10
** Fire Box Volume (cu ft).....	N/A	N/A
Start of Construction Date.....	JANUARY 1983	JANUARY 1983
Start of Operation Date	JANUARY 1983	JANUARY 1983

FUEL.

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A		N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	22.5'	22.5'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F)	105°	105°
Gas Flow Rate (scfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DYGERT SEATING

41.	42.
Type of FCU	RADIANT FURNACE
FCU Identification	DEI 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)....	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	22.5'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)....	105°
Gas Flow Rate (acfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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Fuel Combustion Information
 Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

43.	44.
Type of FCU	RADIANT FURNACE
FCU Identification	DEI 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983
FUEL	
Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...N/A	N/A
* Sulfur Min/Max.....N/A	N/A
Higher Heating Value Min/Max.....1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A
EMISSION CONTROL UNIT	
Type of PM Emission Control Unit..N/A	N/A
* Efficiency.....N/A	N/A
Type of SO ₂ Emission Control Unit..N/A	N/A
* Efficiency.....N/A	N/A
Type of NO _x Emission Control Unit..N/A	N/A
* Efficiency.....N/A	N/A
STACK DATA	
Stack Identification.....	CLASS B VENT
Height (ft above ground).....	21.4'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)....	105°
Gas Flow Rate (acfm).....	1.6 acfm
OPERATION SCHEDULE	
Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

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Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

45.	46.
Type of FCU	RADIANT FURNACE
FCU Identification	DEI 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A

STACK DATA

Stack Identification.....	CLASS B VENT
Height (ft above ground).....	21.7'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)	105°
Gas Flow Rate (acfm).....	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

47.	48.
Type of FCU	RADIANT FURNACE
FCU Identification	DRI 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input).....	0.10
** Fire Box Volume (cu ft).....	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983

FUEL

Type Used	NATURAL GAS	NATURAL GAS
* Ash Min/Max (solid fuel only)...	N/A	N/A
* Sulfur Min/Max.....	N/A	N/A
Higher Heating Value Min/Max.....	1000-1030	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A		N/A

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	N/A	N/A
* Efficiency.....	N/A	N/A
Type of SO ₂ Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A
Type of NO _x Emission Control Unit.	N/A	N/A
* Efficiency.....	N/A	N/A

STACK DATA

Stack Identification.....	CLASS B VENT	CLASS B VENT
Height (ft above ground).....	21.4'	21.5'
Diameter (ft inside).....	4"	4"
Gas Discharge Temperature (°F).....	105°	105°
Gas Flow Rate (acfm).....	1.6 acfm	1.6 acfm

OPERATION SCHEDULE

Hours/Day.....	24	24
Days/Week	7	7
Weeks/Year.....	26	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

STATE OF INDIANA
 DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
 Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable

Company Name: DIGERT SEATING

49.	50.
Type of FCU	RADIANT FURNACE
FCU Identification	DEH 40-100
Method of Fuel Feed	PRESSURE
* Capacity (MM Btu/hr input)	0.10
** Fire Box Volume (cu ft)	N/A
Start of Construction Date.....	JANUARY 1983
Start of Operation Date	JANUARY 1983
 FUEL	
Type Used	NATURAL GAS
* Ash Min/Max (solid fuel only) ...	N/A
* Sulfur Min/Max.....	N/A
Higher Heating Value Min/Max.....	1000-1030
Amount Burned/Yr (ton, cu ft, gal) N/A	N/A
 EMISSION CONTROL UNIT	
Type of PM Emission Control Unit..	N/A
* Efficiency.....	N/A
Type of SO ₂ Emission Control Unit.	N/A
* Efficiency.....	N/A
Type of NO _x Emission Control Unit.	N/A
* Efficiency.....	N/A
 STACK DATA	
Stack Identification.....	CLASS B VENT
Height (ft above ground).....	21.7'
Diameter (ft inside).....	4"
Gas Discharge Temperature (°F)	105°
Gas Flow Rate (acfm)	1.6 acfm
 OPERATION SCHEDULE	
Hours/Day.....	24
Days/Week	7
Weeks/Year.....	26

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

STATE OF INDIANA
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 OFFICE OF AIR MANAGEMENT

Fuel Combustion Information
 Boilers, Heaters, Ovens or other Fuel Combustion Units (FCU)

Not Applicable _____

Company Name: DIGEST SEATING

Type of FCU	<u>Thermal Oxidizer</u>
FCU Identification	<u>Stack A</u>
Method of Fuel Feed	<u>GAS BURNER</u>
* Capacity (MM Btu/hr input)	<u>1.8 MM BtuH</u>
** Fire Box Volume (cu ft).....	<u>N/A</u>
Start of Construction Date.....	<u>JUNE 20, 1994</u>
Start of Operation Date	<u>JUNE 27, 1994</u>

FUEL

Type Used	<u>NATURAL GAS</u>
* Ash Min/Max (solid fuel only)...	<u>N/A</u>
* Sulfur Min/Max.....	<u>N/A</u>
Higher Heating Value Min/Max.....	<u>1000-1030 BTU/FT³</u>
Amount Burned/Yr (ton, cu ft, gal)	<u>12.48 MM FT³</u>

EMISSION CONTROL UNIT

Type of PM Emission Control Unit..	<u>Thermal Oxidizer</u>
* Efficiency.....	<u>99.9% @ 1500°</u>
Type of SO ₂ Emission Control Unit.	<u>N/A</u>
* Efficiency.....	<u>N/A</u>
Type of NO _x Emission Control Unit.	<u>N/A</u>
* Efficiency.....	<u>N/A</u>

STACK DATA

Stack Identification.....	<u>Stack A</u>
Height (ft above ground).....	<u>31.2'</u>
Diameter (ft inside).....	<u>20"</u>
Gas Discharge Temperature (°F)	<u>1327.9° AVERAGE</u>
Gas Flow Rate (scfm).....	<u>1500 scfm</u>

OPERATION SCHEDULE

Hours/Day.....	<u>8</u>
Days/Week	<u>5</u>
Weeks/Year.....	<u>52</u>

* note: MM = million

** complete only if boiler over 100 MM Btu/hr

STATE OF INDIANA
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OFFICE OF AIR MANAGEMENT

FORM E

Process Information

Not Applicable

Company Name DIGERT SEATING

Products Produced MANUFACTURER OF VAN SEATING AND SEATING PRODUCTS

Raw Material Rate (use an additional sheet if needed)

TYPE MATERIAL	RATE (LB/HRI)
POLYESTER FOAM	1044
POLYETHER FOAM	1080
DACRON POLYESTER	701

Finished Product

Pounds/Hour Maximum 2825 Normal 1690

Process and Control Equipment (Use an additional sheet if needed)

Process Identification:

FOAM TO FABRIC LAMINATION IS ACHIEVED BY FOAM BURNING WITH RESULT EMISSIONS PROCESSED

THROUGH A THERMAL FUME OXIDIZER.

Type of Control THERMAL FUME OXIDIZER

Efficiency 99.9% @ 1500° F.

For Dry Collectors, Tons/year Collected N/A

STACK DATA

Stack Identification STACK A

Height (ft. above ground) 31.2'

Diameter (ft. inside) 20" I.D.

Gas Discharge Temperature (Deg F) 1327.9° AVERAGE

Gas Flow Rate (acf m) 1500

Operation Schedule

Hours/Day 8

Days/Week 5

Weeks/Year 52

STATE OF INDIANA
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FORM F

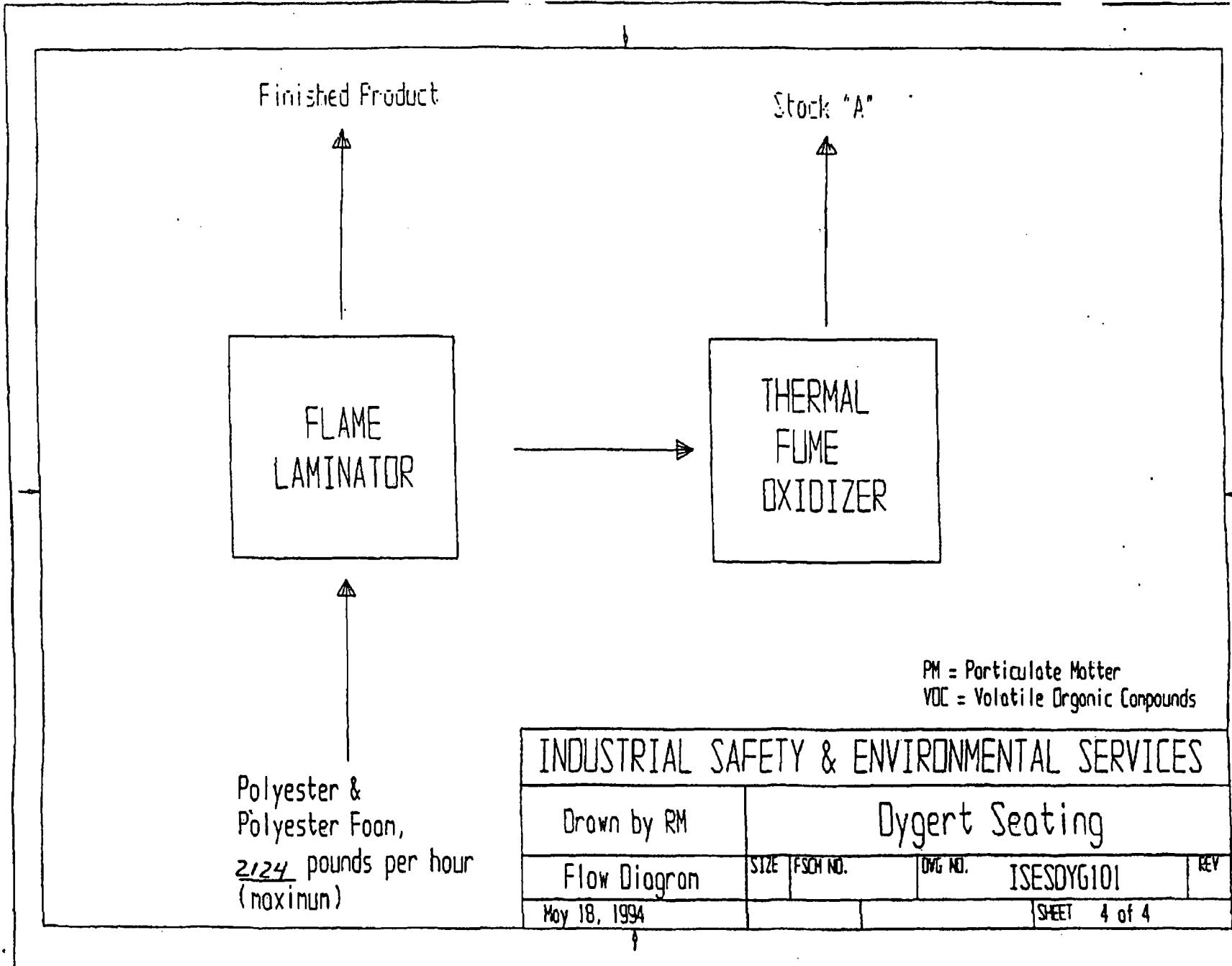
Flow Diagram

Not Applicable _____

Company Name DIGEST SEATING

This permit application must include a simple flow diagram of your operation from raw materials input to the finished products. Show points of emission including stacks. Show location of air pollution control equipment, the process it controls, and removal efficiency. State the maximum hourly capacity of each step of the operation.

SEE ATTACHED DRAWING



STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

FORM G

Storage and Handling of Bulk Material

Not Applicable

Company Name URGENT SEATING

<u>Material Handled</u>	<u>Method of Silo, Bin or Stored</u>	<u>Handling or Pile</u>	<u>Storage Capacity (Tons)</u>	<u>Maximum Throughput (Tons/Yr) (Lb/Hr)</u>

Dust Control Methods

Process

Type of Control

Efficiency

Indiana Department of Environmental Management
Office of Air Management

FORM Q

NOT APPLICABLE X

PARTICULATE CONTROL DEVICES

GENERAL INFORMATION

Emission point identification (complete a separate page for each device) _____

Percent of Particulate Matter less than 10 microns at the outlet _____ %

Grain loading per actual cubic foot of outlet air _____, Average gas Temperature _____ °F

Design percentage collection efficiency _____ % (1. Weight Leaving) X100
 (Weight Entering)

SPECIFIC COLLECTOR INFORMATION

A. CYCLONE

Number of tubes _____, Tube diameter _____ in.

B. BAGHOUSE

Bag material _____

Total filter area _____ ft², Air to cloth ratio _____ acfm/ft²

Pressure drop across baghouse _____ inches of water

Method of bag cleaning (i.e. shaking, Jetpulse etc...) _____

C. ELECTROSTATIC PRECIPITATOR (ESP)

Type of ESP: Wet _____, Dry _____, Hot Side _____, Cold Side _____

Face velocity across the plates _____ ft/sec, Total face surface area _____ ft²

Number of fields along flow path _____, Gas conditioning agent _____

Delay time between starting of system and ESP unit operation _____

Why? _____

D. WET COLLECTORS (Scrubber Type) _____

Pressure drop across scrubber _____ inches of water, Flow Rate _____ gpm

Scrubbing liquor _____, Liquid to air ratio _____ gpm/10³ acfm

Is there a demister following the scrubber? _____

Settling pond: volume _____ ft³, Depth _____ ft, Width _____ ft, Length _____ ft,

Diameter (if circular) _____ ft

Revised 8/12/88

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

FORM Y1
7-29-91

Air Toxic Pollutants

Company Name WIGERT SEATING

Location _____

Place an "X" beside each compound listed on forms Y1 through Y4 that will be emitted into the air from the equipment covered in this application. Attach Sections I, II, and III (only) of Material Safety Data Sheets (MSDS) for each toxic containing material. List all emission points (as identified on the site plot plan) for each compound. Include stack parameters for each listed air toxic emission point on the appropriate form.

X	CAS NUMBER	CHEMICAL NAME	EMISSION POINTS	MAXIMUM EMISSION RATE (POUNDS/HRL)
	00075070	Acetaldehyde	_____	_____
	00060355	Acetamide	_____	_____
	00075058	Acetonitrile	_____	_____
	00092862	Acetophenone	_____	_____
	00053963	2-Acetylaminofluorine	_____	_____
	00107028	Acrolein	_____	_____
	00079061	Acrylamide	_____	_____
	00079107	Acrylic Acid	_____	_____
	00107131	Acrylonitrile	_____	_____
	00107051	Allyl chloride	_____	_____
	00092671	4-Aminodiphenyl	_____	_____
	00062533	Aniline	_____	_____
	29191524	o-Anisidine	_____	_____
	01332214	Asbestos	_____	_____
	00071432	Benzene (including from gasoline)	_____	_____
	00092875	Benzidine	_____	_____
	00098077	Benzotrifluoride	_____	_____
	00100447	Benzyl chloride	_____	_____
	00092524	Biphenyl	_____	_____
	00117817	Bis (2-ethylhexyl) phthalate	_____	_____
	00542881	Bis(2-chloromethyl)ether	_____	_____
	00075252	Bromoform	_____	_____
	00106990	1,3-Butadiene	_____	_____
	00156627	Calcium cyanamide	_____	_____
	00105602	Caprolactam	_____	_____
	00133062	Captan	_____	_____
	00063252	Carbonyl	_____	_____
	00075150	Carbon disulfide	_____	_____
	00056235	Carbon tetrachloride	_____	_____
	00463581	Carbonyl sulfide	_____	_____
	00120809	Catechol (1,2-dihydroxybenzene)	_____	_____
	00133904	Chloramben	_____	_____
	00057749	Chlordane	_____	_____
	07782505	Chlorine	_____	_____
	00079118	Chloroacetic acid	_____	_____
	00532274	2-Chloroacetophenone	_____	_____
	00108907	Chlorobenzene	_____	_____
	00510156	Chlorobenzoate	_____	_____
	00067663	Chloroform	_____	_____
	00107302	Chloromethyl methyl ether	_____	_____
	00126998	Chloroprene	_____	_____
	01319773	Cresols/Cresylic acid (isomers and mixtures)	_____	_____
	00095487	o-Cresol	_____	_____
	00106394	m-Cresol	_____	_____
	00106445	p-Cresol	_____	_____
	00098628	Cumene	_____	_____
	00095757	2,4-D, salts and esters	_____	_____
	03547044	DDE	_____	_____

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Air Toxic Pollutants

X	GAS NUMBER	CHEMICAL NAME	EMISSION POINTS	MAXIMUM EMISSION RATE (POUNDS/HRL)
	00334883	Diazomethane		
	00132649	Dibenzofurans		
	00096128	1,2-Dibromo-3-chloropropene		
	00084742	Dibutylphthalate		
	00106467	1,4-Dichlorobenzene (p)		
	00091941	3,3-Dichlorobenzidine		
	00111444	Dichloroethyl ether (Bis (2-chloroethyl)ether)		
	00542756	1,3-Dichloropropene		
	00062737	Dichlorvos (DDVP)		
	00111422	Diethanolamine		
	00121697	N,N-Diethyl aniline (N,N-Dimethylaniline)		
	00064675	Diethyl sulfate		
	00119904	3,3'-Dimethoxybenzidine		
	00060117	Dimethyl aminoazobenzene		
	00119937	3,3'-Dimethyl benzidine		
	00079447	Dimethyl carbamoyl chloride		
	00068122	Dimethyl formamide		
	00057247	1,1-Dimethyl hydrazine		
	00131113	Dimethyl phthalate		
	00077781	Dimethyl Sulfate		
	00534521	4,6-Dinitro-o-cresol, and salts		
	00051285	2,4-Dinitrophenol		
	00121142	2,4-Dinitrotoluene		
	00123911	1,4-Dioxane (1,4-Diethyleneoxide)		
	00122667	1,2-Diphenylhydrazine		
	00106898	Epichlorohydrine (1-Chloro-2,3-epoxypropene)		
	00106887	1,2-Epoxybutane		
	00140885	Ethyl acrylate		
	00100414	Ethyl benzene		
	00051796	Ethyl carbonate (Urethane)		
	00075003	Ethyl chloride (Chloroethane)		
	00106934	Ethylene dibromide (Dibromoethane)		
	00107062	Ethylene dichloride (1,2-Dichloroethane)		
	00107211	Ethylene Glycol		
	001251564	Ethylene Imino (Aziridine)		
	00075210	Ethylene Oxide		
	00096457	Ethylene thiourea		
	00075343	Ethyldene dichloride (1,1-Dichloroethane)		
	0005D000	Formaldehyde		
	00076448	Heptachlor		
	00118741	Hexachlorobenzene		
	00087683	Hexachlorobutadiene		
	00077474	Hexachlorocyclopentadiene		
	00067721	Hexachloroethane		
	00822060	Hexamethylene-1,6-diisocyanate		
	00685319	Hexamethylphosphoramide		
	0011D543	Hexane		
	00302012	Hydrazine		
	07647010	Hydrochloric acid		
	07664393	Hydrogen fluoride (Hydrofluoric acid)		
	07788064	Hydrogen sulfide		
	00123319	Hydroquinone		
	00078591	Isophorone		
	00058299	Lindane (gamma isomers)		
	00108316	Maleic anhydride		
	00067561	Methanol		
	00072435	Methoxychlor		

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Air Toxic Pollutants

CAS NUMBER	CHEMICAL NAME	EMISSION POINTS	MAXIMUM EMISSION RATE SPOUNDS/HR
00074839	Methyl Bromide (Bromomethane)	_____	_____
00074873	Methyl chloride (Chloromethane)	_____	_____
00071556	Methyl Chloroform 1,1,1-Trichloroethane	_____	_____
00078933	Methyl ethyl ketone (2-Butanone)	_____	_____
00060344	Methyl hydrazine	_____	_____
00074884	Methyl Iodide (Iodomethane)	_____	_____
00108101	Methyl Isobutyl Ketone (Hexane)	_____	_____
000674839	Methyl Isocyanate	_____	_____
00080626	Methyl methacrylate	_____	_____
01636044	Methyl tert butyl ether	_____	_____
00101144	4,4-Methylene bis(2-chloroaniline)	_____	_____
00075092	Methylene chloride (Dichloromethane)	_____	_____
00101688	Methylene diphenyl diisocyanate (MDI)	_____	_____
00101779	4,4'-Methylenedianiline	_____	_____
00091203	Naphthalene	_____	_____
00098953	Nitrobenzene	_____	_____
00092933	4-Nitrobiphenyl	_____	_____
00100027	4-Nitrophenol	_____	_____
00079469	2-Nitropropane	_____	_____
000684935	N-Nitroso-N-methylurea	_____	_____
00062759	N-Nitrosodimethylamine	_____	_____
00059892	N-Nitrosomorpholine	_____	_____
00056382	Parathion	_____	_____
00082688	Pentachloronitrobenzene (Quintobenzene)	_____	_____
00087865	Pentachlorophenol	_____	_____
00102952	Phenol	_____	_____
00106503	p-Phenylenediamine	_____	_____
00075443	Phosgene	_____	_____
07803512	Phosphine	_____	_____
07723140	Phosphorus	_____	_____
00085449	Phthalic anhydride	_____	_____
03336363	Polychlorinated biphenyls (Aroclors)	_____	_____
03320714	1,3-Propane sulfone	_____	_____
00057578	beta-Propiolactone	_____	_____
00123386	Propionaldehyde	_____	_____
00114261	Propoxur (Baygon)	_____	_____
00078675	Propylene dichloride (1,2-Dichloropropane)	_____	_____
00075569	Propylene Oxide	_____	_____
00075558	1,2-Propylenimine (2-Methyl aziridine)	_____	_____
00091225	Quinoline	_____	_____
00106514	Quinone	_____	_____
00100425	Styrene	_____	_____
00096093	Styrene oxide	_____	_____
01746016	2,3,7,8-Tetrachlorodibenzo -p-dioxin	_____	_____
00079345	1,1,2,2-Tetrachloroethane	_____	_____
00127184	Tetrachloroethylene (Perchloroethylene)	_____	_____
07550450	Titanium tetrachloride	_____	_____
00108883	Toluene	_____	_____
00095807	2,4-Toluene diamine	_____	_____
00584849	2,4-Toluene diisocyanate	_____	_____
00095534	o-Toluidine	_____	_____
08001352	Toxaphene (chlorinated camphene)	_____	_____
00120821	1,2,4-Trichlorobenzene	_____	_____
00079005	1,1,2-Trichloroethane	_____	_____
03079026	Trichloroethylene	_____	_____
00055954	2,4,5-Trichlorophenol	_____	_____

STATE OF INDIANA
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FORM Y4
7-29-91

Air Toxic Pollutants

X	CAS NUMBER	CHEMICAL NAME	EMISSION POINTS	MAXIMUM EMISSION RATE (POUNDS/HOUR)
	00088062	2,4,6-Trichlorophenol	_____	_____
	00121448	Triethylamine	_____	_____
	01582098	Trifluoralin	_____	_____
	00540882	2,2,4-Trimethylpentane	_____	_____
	00108054	Vinyl acetate	_____	_____
	00393602	Vinyl bromide	_____	_____
	00075014	Vinyl Chloride	_____	_____
	00075354	Vinyldene chloride (1,1-Dichloroethylene)	_____	_____
	01330207	Xylenes (isomers and mixture)	_____	_____
	00095476	o-Xylenes	_____	_____
	00108383	m-Xylenes	_____	_____
	00106433	p-Xylenes	_____	_____
		Antimony Compounds	_____	_____
		Arsenic Compounds (inorganic including arsenic)	_____	_____
		Beryllium Compounds	_____	_____
		Cadmium Compounds	_____	_____
		Chromium Compounds	_____	_____
		Cobalt Compounds	_____	_____
		Coke Oven Emissions	_____	_____
		Cyanide Compounds ¹	_____	_____
		Glycol ethers ²	_____	_____
		Lead Compounds	_____	_____
		Manganese Compounds	_____	_____
		Mercury Compounds	_____	_____
		Mineral Fibers ³	_____	_____
		Nickel Compounds	_____	_____
		Polycyclic Organic Matter ⁴	_____	_____
		Radionuclides (including Radon) ⁵	_____	_____
X		MANY OF THE COMPOUNDS LISTED ON FORMS Y1 THROUGH Y4 WILL BE EMITTED FROM THE EQUIPMENT LISTED IN THIS APPLICATION.		

NOTE: FOR ALL LISTINGS ABOVE WHICH CONTAIN THE WORD "COMPOUND" AND FOR GLYCOL ETHERS THESE LISTINGS ARE DEFINED AS INCLUDING ANY UNIQUE CHEMICAL SUBSTANCE THAT CONTAINS THE NAMED CHEMICAL AS PART OF THAT CHEMICAL'S INFRASTRUCTURE.

1 X'CN where X-H⁺ or any other group where a formal dissociation may occur. For example KCN or Ca(CN)₂.

2 Includes mono- and di- ethers of ethylene glycol, diethylene glycol, and triethylene glycol R-(OCR₂CH₂)_n-OR' where: n = 1, 2, or 3; R= alkyl or aryl groups; and R'= R, H, or groups which, when removed, yield glycol ethers with the structure R-(OCR₂CH₂)_n-OH. Polymers are excluded from the glycol category.

3 Includes mineral fiber emissions from facilities manufacturing or processing glass, rock, or slag fibers (or other mineral derived fibers) of average diameter 1 micrometer or less.

4 Includes organic compounds with more than one benzene ring, and which have a boiling point greater than or equal to 100 degrees Celsius.

5 A type of atom which spontaneously undergoes radioactive decay.

DO NOT SEND ENTIRE MATERIAL SAFETY DATA SHEETS (MSDS). The required sections are: Section I (Product Identification), Section II (Composition Information), and Section III (Physical Property Information).

STATE OF INDIANA
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OFFICE OF AIR MANAGEMENT

SURFACE COATING AND ACCESSORY SOLVENTS

Company Name DIGERT SEATING

Process or Booth Identification (1)	STACK A			
Application Method (2)	BRUSHING			
If sprayed Specify type (3)	N/A			
Type of Overspray controls (4)	DRY FILTER			
Control Efficiency	98%			
Type of Hydrocarbon controls (5)	THERMAL FUEL OXIDIZER			
Control Efficiency	99.9%			
Stack Height (feet above ground)	31.2"			
Stack Diameter (inches)	20"			
Exhaust flow Rate (acfm)	1500			
Exhaust Discharge Temperature °F	1327.9° AVERAGE			

Operating Schedule: 8 hours/day 5 days/week 52 weeks/year

1. Use identifiers from forms B and E.
2. Method of application refers to dipping, spraying, rollcoating, brushing, flowcoating, or other.
3. Types of spray coating include: air atomization, airless, electrostatic disc, electrostatic airless, electrostatic air atomized, low pressure air atomization, low pressure-high volume, or other.
4. Overspray controls include: dry and wet filters, baffles, waterwash, or other.
5. Hydrocarbon controls include: catalytic or direct flame incineration, solvent recovery, carbon adsorption, or other.

STATE OF INDIANA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR MANAGEMENT

SURFACE COATING AND ACCESSORY SOLVENTS

Company Name DETROIT SEATING

Material (Coatings, Solvents, Etc.)	Identification Number	Material Density Lb/Gal	Weight % Volatile (Water and Organics)	Weight % Water	Volume % Water	Volume % Non-volatile (Solids)	Gallons of Material* Required for One Production Unit Gal / Production Unit	Maximum Number of Production Units per Hour	Actual** Usage Gal/Yr	Process or Booth I. D.
GLUE	CONTACT ADHESIVE	11.01	70	0	0	28.9	0.5	0.25		STACK A

* If different types or sizes of units are coated in the same paint booth with the same coating, this amount should be based on the production unit requiring the most gallons per hour. Gallons per hour = Column 8 x Column 9. If different coatings are used, they must be listed as a separate material.

** Complete this column for operation permit renewals only.

Attach a Material Safety Data Sheet (MSDS) for each material listed. DO NOT SEND THE ENTIRE MSDS. The required sections are: Section I (Product Identification), Section II (Composition Information), and Section III (Physical Property Information).

Density, Weight % Volatiles, and Weight % Water are determined by methods listed in 326 IAC 8-1-4

Revised 7-16-91

Form 7-1-1

Section Three

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please read the attached letter from the Commissioner, and list here any persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify a person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with the Administrative Adjudication Act and to avoid reversal of a decision, please list all such parties. Use additional sheets if necessary.

NAME Keyline Sales, Inc. NAME LaSalle Deitch Company, Inc.

STREET 53364 Marina Drive STREET 53471 Marina Drive

CITY, STATE, ZIP Elkhart, Indiana 46515 CITY, STATE, ZIP Elkhart, Indiana 46515

NAME Vahala Foam, Inc. NAME Intertek International

STREET 53293 Marina Drive STREET 23537 C.R. #106

CITY, STATE, ZIP Elkhart, Indiana 46515 CITY, STATE, ZIP Elkhart, Indiana 46515

NAME Environmental Test Systems NAME _____

STREET 23575 C.R. #106 STREET _____

CITY, STATE, ZIP Elkhart, Indiana 46515 CITY, STATE, ZIP _____

CHECK APPROPRIATE BOX

- Construction Permit
 Operation Permit
 Variance
 Other _____

ADDRESS OF SITE:

Street _____

City _____

Please complete this form by signing the following statement:

I certify that to the best of my knowledge I have listed all potentially affected parties, as defined by IC 4-21.5, known to me. If none are listed it signifies that no such parties are known.

SIGNATURE Greg Lucchese

PRINTED NAME Greg M. Lucchese

COMPANY Dyeril Seating

DATE May 26, 1994

Section Four



MCBRIDE MACHINE CORPORATION

MAINTENANCE AND MILLWRIGHT SERVICE
101 WOODBINE LANE
TELEPHONE (717) 271-3133

TEXTILE MACHINE BUILDERS
DANVILLE, PENNSYLVANIA 17821
FAX = (717) 271-3136

February 28, 1994

Industrial Safety and Environmental Services
P.O. Box 233
Osceola, IN, 46561

Attn: Mr Tris Gour

RE: Dygert Seating
53381 Marina Drive
P.O. Box 847
Elkhart, IN. 46515

Air Pollution Control Equipment - Thermal Fume Oxidizer.

Dear Mr. Gour;

Enclosed is the information you requested:

Production Rates :

60 Yards / Minute
72" Wide Foam
1 Side Burn Off

Maximum Output : 7,200 Sq Yards / Hour

Maximum Pollutants Generated prior to Control Device:

Carbon Dioxide	7.617 lbs/hr
Carbon Monoxide	2.817 lbs/hr
Aldehyde	0.846 lbs/hr
Methane	0.564 lbs/hr
Ethylene	0.564 lbs/hr
Propylene	0.508 lbs/hr
Toluene Diisocyanate	0.439 lbs/hr
Hydrogen Cyanide	0.271 lbs/hr
Nitrous Oxide	0.203 lbs/hr
Nitric Oxide	0.105 lbs/hr
Acetylene	0.056 lbs/hr
Hydrogen Chloride	0.025 lbs/hr
Phenyl Isocyanate/Methylenebis	0.011 lbs/hr

	14.026 lbs/hr

Particulate 3.894 lbs/hr

TOTAL 17.920 lbs/hr

=====

PAGE 2 OF 2
February 28.1994

Industrial Safety and Environmental Services
Mr Trist Gour

Effluent After Pollution Control Device:

Carbon Dioxide	15.899 lbs/hr
Water	1.188 lbs/hr
Nitric Oxide	0.292 lbs/hr
Nitrogen Dioxide	0.125 lbs/hr
Hydrochloric Oxides	0.416 lbs/hr

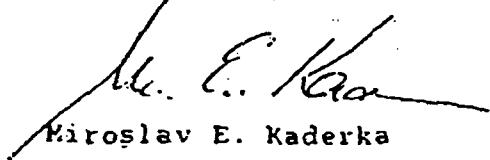
	17.920 lbs/hr
Particulate	0.000 lbs/hr
TOTAL	17.920 lbs/hr
=====	

Natural Gas Usage:

Laminator	0.7 MMBTUH
Thermal Fume Oxidizer	1.8 MMBTUH

If you need more information or have any questions,
please call.

Sincerely



Miroslav E. Kaderka

Section Five

October 21, 1993

Mr. Mira Kaderka
McBride Machine
101 Woodbine Lane
Danville, PA 17821

Dear Mr. Kaderka:

Enclosed please find two copies of the report summarizing the testing performed at
Table 1 summarizes the stack gas conditions. Table 2
summarizes the particulate matter and chlorine compound emissions. The sample train was
constructed such that we were able to analyze for both hydrochloric acid (HCl) and free
chlorine (Cl⁺). There was no detectable HCl or Cl⁺ in the samples collected during the first
test run, and the numbers presented for that run are generated using the analytical detection
limits given by the laboratory. Table 2 summarizes the TDI and cyanide (HCN) emissions.
There was no detectable quantity of either TDI or HCN in either of the two samples collected.
The numbers presented are generated using the laboratory's analytical detection limits. Also
included is a copy of the data reduction spread sheets and the laboratory results.

Thank you for the opportunity to work with McBride Machine. Please call us with any
questions and if you need additional work in the future.

Sincerely,

Project Manager

Enclosures

a:mcblest.ltr/jb

AIR EMISSION TESTING RESULTS

Prepared for:

McBride Machine
101 Woodbine Lane
Danville, PA 17821

CONFIDENTIAL

October 1993

K93107

Table 1 Summary of Stack Gas Conditions

Run #	Time 09-15-93	Velocity (fps) ^a	Flow Rate		Ts (°F)	O ₂ (%)	CO ₂ (%)	H ₂ O (%)
			(acfm) ^b	(dscfm) ^c				
1	1328-1428	52.0	6,812	1,870	1,328	8.0	13.0	6.8
2	1734-1834	52.6	6,883	1,892	1,328	9.0	12.0	6.6
Average:		51.3	6,848	1,881	1,328	8.3	12.5	6.7

* Stack gas velocity in feet per second

^b Volumetric flow rate in actual cubic feet per minute

^c Volumetric flow rate in dry standard cubic feet per minute

Table 2 Summary of Particulate Matter, HCl, and Cl⁻² Emissions

Run #	Time 09-15-93	Particulate Emissions		HCl Emissions		Cl ⁻² Emissions	
		Cs(lb/dscf) ^a	Er(lb/hr) ^b	Cs(ppm) ^c	Er(lb/hr) ^b	Cs(ppm) ^c	Er(lb/hr) ^b
1	1328-1428	6.57x10 ⁻⁷	0.074	0.7*	<0.007*	<0.003*	<0.003*
2	1734-1834	3.38x10 ⁻⁷	0.038	6.3	0.068	3.4	0.037
Average:		4.98x10⁻⁷	0.056	<3.5	<0.038	<1.7	<0.020

* Concentration in pounds per dry standard cubic foot

^b Emission rate in pounds per hour

^c Concentration in parts per million

* Based on analytical detection limit (HCl = 1.47mg, Cl⁻² = 0.67mg)

Table 3 Summary of TDI and CHN Emissions

Run #	Time 09-15-93	TDI ^a		CHN ^a	
		Cs(lb/dscf) ^b	Cs(ppm) ^b	Cs(lb/dscf) ^b	Cs(ppm) ^b
1	1328-1428	<1.83x10 ⁻⁹	<4.06x10 ⁻³	<4.59x10 ⁻¹¹	<5.54x10 ⁻⁴
2	1734-1834	<2.08x10 ⁻⁹	<4.60x10 ⁻³	<5.20x10 ⁻¹¹	<7.41x10 ⁻⁴
Average:		<1.96x10⁻⁹	<4.33x10⁻³	<4.90x10⁻¹¹	<6.98x10⁻⁴

* Concentration in pounds per dry standard cubic foot

^b Concentration in parts per million

* Based on analytical detection limit (TDI = 4.0ug, HCN = 0.1ug)

CLIENT/PROJECT #: **McBRIDE**
SAMPLE LOCATION:
DATE/TIME:
RUN #:

09-15-93/1328-1428
HCL-1

STATIC PRESSURE(H ₂ O):	-0.20	HG	29.85
BAROMETRIC(HG):	29.86		
SAMPLE TIME(min):	60.00		
ACTUAL METER VOLUME:	50.447	V _m (min)	50.447
SQ. ROOT AP:	0.509	DSCF	50.514
AVG. ORIFICE A _H :	2.20		
AVG STACK TEMP °F:	1327.9	R	1787.9
AVG METER TEMP °F:	72.8	I _R	532.8
C _p PITOT :	0.84	A _M	
NOZZLE DIA.(inches):	0.425		
METER GAMMA:	1.00	S _s (l ²)	8.85E-04
LEAK RATE(IF<0.02):			
CIRC STACK? 1=Y,0=N:			
DIA OR DIM (inches):			
%O ₂ :	20.00	M _s	30.40
% CO ₂ :	8.00	M _d	29.56
VOL CONDENSATE(ml):	13.00	% H ₂ O	8.79
PARTICULATE FILTER GAIN(mg):	70.20		
CL+2 GAIN(mg):	14.60		
HCL GAIN(mg):	0.67	NET GAIN:	15.17

CALCULATED RESULTS

STACK GAS CONDITIONS

VELOCITY (V _s):	52.0	FT/SEC
VOLUMETRIC FLOW RATE (Q _a):	6,812	ACFM
(Q _{SM}):	1,870	DSCFM
STACK GAS TEMP :	1328	Deg:F
MOISTURE (%H ₂ O):	8.79	%
%O ₂ :	8.0	
%SO ₂ :	13.0	
ISOKINETIC SAMPLING RATE:	89.74	%

MEASUREABLE PARTICULATE EMISSIONS

CONCENTRATION (C _s):	4.42E-03	gr/dscf
	8.57E-07	lb/dscf
EMISSION RATE (E _r):	0.074	lb/hr

HCL EMISSIONS

CONCENTRATION (C _s):	4.49E-04	gr/dscf
	6.67E-08	lb/dscf
	0.71	ppm
EMISSION RATE (E _r):	0.007	lb/hr

CL+2 EMISSIONS

CONCENTRATION (C _s):	2.05E-04	gr/dscf
	3.05E-08	lb/dscf
	0.32	ppm
EMISSION RATE (E _r):	0.003	lb/hr

Comments: HCl and Cl+2 emissions based on analytical limits of detection

CLIENT/PROJECT #: **McBRIDE**
SAMPLE LOCATION:
DATE/TIME:
RUN #: **09-15-93/1734-1834**

STATIC PRESSURE(H2O):	-0.20	HG	29.85
BAROMETRIC(HG):	29.86		
SAMPLE TIME(min):	60.00		
ACTUAL METER VOLUME:	50.259	V _m (ft ³)	50.259
SQ. ROOT AP:	0.514	(BSGF)	50.765
Avg Orifice A/H:	2.21		
Avg Stack Temp °F:	1328.0	'R	1788.0
Avg Meter Temp °F:	68.2		528.2
C _p PITOT :	0.84	A _s (R ²)	8.85E-04
NOZZLE DIA.(inches):	0.425		
METER GAMMA:	1.007		
LEAK RATE(IF<0.02):			
CIRC STACK? 1=Y,0=N:			
DIA OR DIM (inches):			
% O ₂ :	9.00	M _s	30.28
% CO ₂ :	12.00	M _d	29.46
VOL CONDENSATE(ml):	7.00	% H ₂ O	6.66
PARTICULATE FILTER GAIN(mg):	7.60		
PARTICULATE RINSE GAIN(mg):	7.13	NET GAIN:	14.63
CONDENSABLE GAIN(mg):	3.20		

CALCULATED RESULTS

STACK GAS CONDITIONS

VELOCITY (V _s):	52.6	FT/SEC
VOLUMETRIC FLOW RATE (V _m):	6,883	ACFM
(Q _{sh}):	1,892	DSCFM
STACK GAS TEMP :	1328	Deg F
MOISTURE (%H ₂ O):	6.66	%
XO ₂ :	9.0	
%SO ₂ :	12.0	
ISOKINETIC SAMPLING RATE:	99.07	%

FILTERABLE PARTICULATE EMISSIONS

CONCENTRATION (C _s):	2.28E-03	gr/dscf
	3.38E-07	lb/dscf
EMISSION RATE (E _i):	0.038	lb/hr

HCl EMISSIONS

CONCENTRATION (C _b):	4.00E-03	gr/dscf
	5.95E-07	lb/dscf
	6.30	ppm
EMISSION RATE (E _i):	0.068	lb/hr

CL₂ EMISSIONS

CONCENTRATION (C _s):	2.16E-03	gr/dscf
	3.22E-07	lb/dscf
	3.40	ppm
EMISSION RATE (E _i):	0.037	lb/hr

CLIENT/PROJECT #: McBRIDE
SAMPLE LOCATION:
DATE/TIME:
RUN #:

09-15-93/1318-1426
TDI-1

STATIC PRESSURE (H₂O): -0.20
BAROMETRIC (HG): 29.86
Cp PITOT: 0.84
SQ. ROOT: 0.509
AVG STACK TEMP °F: 1327.8
CIRC STACK? 1=Y,0=N: 1
DIA OR DIM (inches): 20.00
% H₂O: 0.8
% O₂: 8.00 DRY MOLE WT 30.40
% CO₂: 13.00 ST MOLE WT 29.56
SAMPLE TIME(min): 60.00
ORIFICE Q (cc/min): 2000.00
AVG ORIFICE TEMP °F: 68.0
ANALYTE #1: TDI
MOLE WEIGHT: 174.15
µg/sample: 4.00
PPM: 0.00
ANALYTE #2: HCN
MOLE WEIGHT: 27.03
µg/sample: 0.10
PPM:

-0.20
29.86
0.84
0.509
1327.8
1
20.00
0.8
8.00 DRY MOLE WT 30.40
13.00 ST MOLE WT 29.56
60.00
2000.00
68.0
TDI
174.15
4.00
HCN
27.03
0.10
DSCF 4.80E+00

*****CALCULATED RESULTS*****

STACK GAS CONDITIONS
GAS VELOCITY (ft/sec) 52.04 FT/SEC
STACK GAS FLOW (ACFM) 6811.8 ACFM
MOISTURE (%H₂O) 1870.3 DSCFM
STACK GAS TEMP: 1328 Deg F.
MOISTURE (%H₂O): 8.8 %

EMISSION DATA FOR TDI

CONCENTRATION (Cs): 1.83E-09 lb/DSCF
: 4.06E-03 PPM
EMISSION RATE (Er): 2.06E-04 lb/hr

EMISSION DATA FOR HCN

CONCENTRATION (Cs): 4.59E-11 lb/DSCF
: 8.54E-04 PPM
EMISSION RATE (Er): 5.15E-06 lb/hr

COMMENTS: TDI and HCN emissions based on analytical limits of detection

CLIENT/PROJECT #: McBRIDE
SAMPLE LOCATION:
DATE/TIME:
RUN #:

09-15-93/1727-1827
TDI-2

STATIC PRESSURE (H₂O): -0.20
BAROMETRIC (HG): 29.88 HG 29.85
Cp PITOT : 0.84
SQ. ROOT : 0.514
AVG STACK TEMP 'F: 1328.0
CIRC STACK? 1=Y,0=N: 1 1788.0
DIA OR DIM (Inches): 20.00 2.18E+00
% H₂O: 6.7
% O₂: 9.00 DRY MOLE WT 30.28
% CO₂: 12.00 STOOLE WT 29.46
SAMPLE TIME(min):
ORIFICE Q (cc/min):
AVG ORIFICE TEMP 'F:
ANALYTE #1:
MOLE WEIGHT:
µg/sample:
PPM:
ANALYTE #2:
MOLE WEIGHT:
µg/sample:
PPM:

1328.0

1

20.00

6.7

9.00

12.00

60.00

2000.00

68.0

TDI

174.15

4.00

CAN

27.03

0.10

DSCF

4.23E+00

CALCULATED RESULTS

STACK GAS CONDITIONS

GAS VELOCITY (V_s): 52.63 FT/SEC
STACK GAS FLOW (Q_s): 6889.9 ACFM
 1894.3 DSCFM
STACK GAS TEMP:
MOISTURE (%H₂O): 1328 Deg F
 6.7 %

EMISSION DATA FOR TDI

CONCENTRATION (C_s): 2.08E-09 lb/DSCF
 4.50E-03 PPM
EMISSION RATE (E_r): 2.36E-04 lb/hr

EMISSION DATA FOR HCN

CONCENTRATION (C_s): 5.20E-11 lb/DSCF
 7.41E-04 PPM
EMISSION RATE (E_r): 5.91E-06 lb/hr

COMMENTS: TDI and HCN emissions based on analytical limits of detection

10/11/93

Reference Data:

Sample Location:

Sample Type:

Client Sample No.:

PO #:

Method Reference:

Sample Set ID#:

DATACHEM Lab No.:

Preparation Date:

Analysis Date:

Liquid

93-280, 283, 281, 284

293

NIOSH 7904, P&CAM-141

93-S-4215

93-25792 through 93-25795

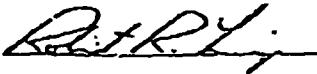
10/4/93, 10/11/93

10/4/93, 10/11/93

The samples were prepared and analyzed in accordance with NIOSH method 7904 (CN⁻) and P&CAM method 141 (TDI).

The results are provided in the enclosed data table.

William C. Frame
Analyst


Robert R. Liversage
Section Manager

Results

Client #	DCL #	µg/sample		TDI
		CN-	ND	
93-280	93-25792	-	✓	ND
93-283	93-25793	-	✓	ND
93-281	93-25794	ND	✓	-
93-284	93-25795	ND	✓	-

PQL

0.1

4.

ND indicates value below the practical quantitation limit (PQL).
 - indicates analysis not performed.

William C. FrameWilliam C. Frame
AnalystRobert R. LiversageRobert R. Liversage
Section Manager

CONFIDENTIAL

ce: McBride
sis: Chloride
ud: EPA 325.1
Notebook: 354, pg. 30
ion Limit: < 628 µg/sample

Project No.: 37982
Date Received: 10/13/93
Date Analyzed: 10/13/93
Prep. Batch: CLW1013
Instr. Batch: CLW1013

LAB I.D.	CUSTOMER SAMPLE NO.	MATRIX	LOCATION	VALUE µg/sample
1-001	ECL-1	WATER	10-SIDE	<1472
12-002	ECL-2A	WATER	10-SIDE	<672
1-003	ECL-2	WATER	10-SIDE	13200
-004	ECL-2A	WATER	10-SIDE	7130

CONT'D

Source: N/A
 Analysis: Chloride
 Method: EPA 325.1
 Lab Notebook: 354, pg. 30
 Detection Limit: < 628 µg/sample

Project No.: 17982
 Date Received: N/A
 Date Analyzed: 10/13/93
 Prep. Batch: CLW1013
 Instr. Batch: CLW1013

LAB I.D.	CUSTOMER SAMPLE NO.	MATRIX	LOCATION	VALUE µg/sample
17982-002DUP	HCL-1A	MAJOR WATER	10-EDP N/A	<672
Blank	N/A			BDL
CS	N/A	WATER	Spike	Recovered %
7982-002MS	HCL-1A	WATER	110mg/L	101mg/L 92
7982-002MSD	HCL-1A	WATER	8400	9870 118
			8400	9540 114

CONFIDENTIAL

Section Six

1-800-424-9300

INFORMATION NUMBER: 1-219-848-1001

THESE RATINGS SHOULD BE USED
ONLY AS PART OF A FULLY
IMPLEMENTED HMIS PROGRAM

MATERIAL SAFETY DATA SHEET**SECTION I****PRODUCT CLASS: CONTACT ADHESIVE****DATE: 11/01/1993****HAZARDOUS MATERIAL DESCRIPTION:****PRODUCT NAME: PREMIUM ADHESIVE****SECTION II - HAZARDOUS INGREDIENTS**

INGREDIENT	CAS NO	OSHA PEL	TWA TLV	STEL	SARA 313	WT % (OPTIONAL)
METHYLENE CHLORIDE	75-09-2	500	50		X	55 - 65
TOLUENE	108-88-3	100	100	150	X	1 - 5

THIS CHEMICAL IS LISTED AS A POTENTIAL CARCINOGEN BY IARC AND NTP. METHYLENE CHLORIDE HAS BEEN SHOWN TO INCREASE THE RATE OF SPONTANEOUSLY OCCURRING MALIGNANT TUMORS IN LABORATORY RATS. METHYLENE CHLORIDE IS NOT BELIEVED TO POSE A MEASURABLE CARCINOGENIC RISK TO MAN WHEN HANDLED AS RECOMMENDED.

SECTION III - HEALTH HAZARD INFORMATION**EFFECTS OF OVEREXPOSURE**

INHALATION: METHYLENE CHLORIDE CAN CAUSE IRRITATION TO THE NOSE AND THROAT. NARCOSIS MAY OCCUR IN CONCENTRATIONS ABOVE 1000 PPM. HIGH CONCENTRATIONS MAY CAUSE HEADACHES, DIZZINESS, NAUSEA, CONFUSION OR DEATH.

EYE: MAY CAUSE EYE IRRITATION

SKIN: MAY CAUSE TRANSIENT SKIN IRRITATION

INGESTION: MAY CAUSE GASTROINTESTINAL IRRITATION

OTHER: REPORTS HAVE ASSOCIATED PROLONGED AND REPEATED OCCUPATIONAL OVER-EXPOSURE TO SOLVENTS WITH PERMANENT BRAIN AND NERVOUS SYSTEM DAMAGE. INTENTIONAL MISUSE BY DELIBERATELY CONCENTRATING AND INHALING THE CONTENTS MAY BE HARMFUL OR FATAL.

SECTION IV - FIRST AID PROCEDURES

SWALLOWING: IF SWALLOWED DO NOT INDUCE VOMITING. CALL POISON CONTROL CENTER HOSPITAL EMERGENCY ROOM OR PHYSICIAN IMMEDIATELY.

INHALATION: REMOVE TO FRESH AIR IMMEDIATELY. IF BREATHING HAS STOPPED GIVE ARTIFICIAL RESPIRATION. KEEP WARM AND QUIET. GET MEDICAL ATTENTION.

EYE: FLUSH WITH LARGE AMOUNTS OF WATER. LIFTING UPPER AND LOWER LIDS OCCASIONALLY. CONTINUE FOR AT LEAST 15 MINUTES. GET MEDICAL ATTENTION.

SKIN: REMOVE CONTAMINATED CLOTHING. WASH AFFECTED AREA WITH SOAP AND WATER. GET MEDICAL ATTENTION IF IRRITATION PERSISTS.

SECTION V - PHYSICAL DATA

BOILING POINT	1.04F	SPECIFIC GRAVITY	1.32
VAPOR PRESSURE PSIG @ 70 F	SLIGHT	MELTING POINT	N.A.
VAPOR DENSITY	> 1.0	% VOLATILE	70%
APPEARANCE AND ODOR: YELLOW TRANSLUCENT SOLUTION			

SECTION VI - FIRE AND EXPLOSION DATA

FLASH POINT AND METHOD: NONE TCC : FLAMMABLE LIMITS 14% LEL
 UNUSUAL FIRE AND EXPLOSION HAZARDS: KEEP WORKING AREA FREE FROM SPARKS.
 FLAMES, HOT METAL SURFACES AND OTHER POTENTIAL SOURCES OF IGNITION.

EXTINGUISHING MEDIA: WATER, FOG

SPECIAL FIRE FIGHTING PROCEDURES: INHALATION OF VAPORS MAY BE DANGEROUS.
 APPARATUS IS RECOMMENDED FOR FIRE FIGHTERS. WATER MAY BE USEFUL AS AN
 EXTINGUISHING MEDIA, BUT HELPFUL IN KEEPING ADJACENT CONTAINERS COOL.

SECTION VII - REACTIVITY DATA

STABILITY: STABLE
 CONDITIONS TO AVOID: AVOID OPEN FLAMES AND OTHER HIGH TEMPERATURE SOURCES.
 INCOMPATABILITY (CONDITIONS TO AVOID): AMINES AND ALUMINUM
 HAZARDOUS DECOMPOSITION PRODUCTS: PHOSGENE, CHLORINE, OR CARBON MONOXIDE MAY
 HAZARDOUS POLYMERIZATION: NONE BE GENERATED WITH HEATING.

SECTION VIII - SPILL OR LEAK INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED: ELIMINATE ALL
 SOURCES OF IGNITION. PERMIT ONLY PROPERLY PROTECTED WORKERS IN THE AREA WITH
 SKIN/EYE PROTECTION AND SELF CONTAINED BREATHING GEAR. ABSORB SMALL SPILLS
 WITH INERT ABSORBANT MATERIAL. CONTACT STATE, LOCAL, AND FEDERAL AUTHORITIES
 TO ENSURE COMPLIANCE WITH CURRENT REGULATIONS.

WASTE DISPOSAL METHOD: WASTE MUST BE DISPOSED OF ACCORDING TO LOCAL, STATE,
 AND FEDERAL REGULATIONS.

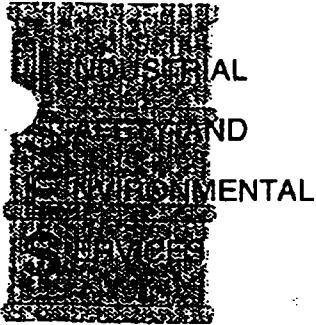
SECTION IX - PERSONAL PROTECTION INFORMATION

RESPIRATION PROTECTION: IF THE TLV'S LISTED IN SECTION II ARE EXCEEDED USE
 A PROPERLY FITTED NIOSH/MSHA APPROVED RESPIRATOR.
 VENTILATION: LOCAL AND MECHANICAL VENTILATION ARE RECOMMENDED TO KEEP ANY
 HAZARDOUS INGREDIENTS LISTED IN SECTION II BELOW THE LOWEST EXPOSURE LIMIT.
 HAND PROTECTION: RESISTANT PLASTIC OR RUBBER RECOMMENDED.
 EYE PROTECTION: WEAR SAFETY CHEMICAL SPLASH GOGGLES.
 OTHER PROTECTIVE EQUIPMENT: NOT LIKELY TO BE NEEDED.

SECTION X - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE: KEEP CONTAINERS IN A DRY,
 WELL VENTILATED AREA AWAY FROM ALL IGNITION SOURCES. SPECIAL
 CONTACT AND IRRITATION SHOULD BE AVOIDED.

FE 6B



P.O. BOX 233 • OSCEOLA, IN 46561 • PHONE: (219) 259-4138

Mr. Terry Hoya
Chief, Engineering Section
Office of Air Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

May 17, 1994

Re: Construction Application, Thermal Oxidizer

Dear Sir:

On behalf of Dygert Seating, Industrial Safety and Environmental Services hereby submits the attached Air Pollution Construction (Registration) Application for the installation of a Thermal Fume Oxidizer. The unit will control emissions from a flame laminator.

The flame laminator and Thermcat T15M Thermal Fume Oxidizer are being supplied by McBride Machine, Corporation, Danville, PA (McBride). As part of the Construction Permit Application, McBride has furnished stack testing data for the same unit that will be installed at Dygert Seating. The Thermal Fume Oxidizer will be operated at 1500 degrees in order to maintain 99.90% efficiency. In addition to the furnished test data, McBride has also furnished calculated emissions for maximum pollutants generated prior to control and maximum pollutants generated after control.

You will also see that Dygert Seating will use small quantities of a Volatile Organic Compound (VOC) containing adhesive. It is has been calculated that the VOC containing adhesive will not emit greater than three (3) pounds per hour, or 15 pounds per day of VOCs.

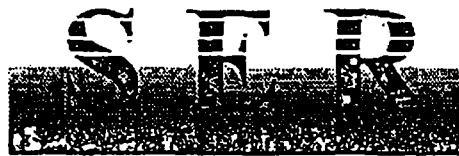
Should you have any questions regarding this Construction Permit Application, please contact our office. Your attention to this application is very much appreciated.

Very Truly Yours,

Tris O. Gour

Industrial Safety and Environmental Services

FE 6C



Client: D & B Environmental
Attn.: Don Sabbe
Address: 401 Lincolnway West
Osceola, IN 46561

Enclosed are the analytical results from your project entitled:

Dygart - #3 (SER Labs ID: 97A3772).

Following standard operating procedures, in addition to the quality assurance /quality control program, these samples were analyzed and validated according to approved methodology.

Should you have any questions or require any additional information regarding this project, feel free to contact myself or Jerry Fussell at (219) 258-0507.

Sincerely,

A handwritten signature in black ink that reads "John Howard".

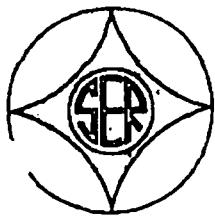
John Howard
Laboratory Director

14009 Jefferson Blvd., Mishawaka, IN 46545
(219) 258-0507 (219) 674-0450
Fax: (219) 258-4748

24 Hour
219-258-0507

5449 Keystone Dr., Ft. Wayne, IN 46825
(219) 471-1168 (219) 471-0482
Fax: (219) 471-0919

Oil Services • Technical Services • Lab • Parts Washers • Training • Petroleum/Chemical Equipment & Services



SER LABS

LABORATORY REPORT

CLIENT: D & B Environmental
ATTN: Don Sabbe
401 Lincolnway West
Osceola, IN 46561

REPORT: 97A3772

PROJECT/SITE: Dygert - #3

SAMPLES SUBMITTED: 1

COLLECTED: 4/25/97

BY: DS

MATRIX: Liquid
RECEIVED: 4/29/97

REPORT SUMMARY

The analysis performed on the samples submitted are summarized below. They assist in determining the chemical or physical make up of the matrix and help determine hazardous characteristics.

These tests include:

- 1) pH TEST - A measurement of the acidity / alkalinity of the sample using a calibrated pH meter. Any substance with a pH greater than 12.5 or less than 2.0 would be considered a hazardous material.
- 2) FLASH TEST - Analysis of the ignitability of the sample using the closed cup method (SW-846 Method 1010). Any substance with a flash point less than 140 degrees Fahrenheit would be considered a hazardous material.
- 3) BOTTOM SOLIDS AND WATER DETERMINATION - An analysis of the percentage of water soluble components, petroleum, and solid constituents present in the sample. This test does not directly determine the hazardous characteristics of the sample, but is used for pricing and transportation information.
- 4) CHLORINATED SCAN - A chemical analysis to determine the amount of chlorine contaminated material present in the sample. Any wastestream with greater than 1,000 ppm total chlorine could be considered a hazardous material. (SW-846 Method 9075).

Detailed results are presented on the following page.

If you have any questions or comments concerning this report, please do not hesitate to call us at (219) 258-0507.

APPROVED BY: Doug Hardy DATE: 5/5/97

Waste Profile Printout

Generator: DYGERT

EPA ID:	Phone 1:	(000) 000-0000
State ID:	Phone 2:	(000) 000-0000

Waste Profile: 97A3772

Description: WASTEWATER (#3- USED WATER FROM MAC
EPA Description: WASTEWATER (#3- USED WATER FROM MAC
State Description: WASTEWATER (#3- USED WATER FROM MAC

Hazard Class:	Hazardous:
EPA Hazard Class:	State Hazardous:
UN/NA Number:	RQ:
Form Code:	Source Code:

DOT PSN: WASTEWATER/OIL NON REGULATED MATERIAL

Chemical Name	Quantity Range
---------------	----------------

Code LB Sub Category	Specified Technology	How Mgd
----------------------	----------------------	---------

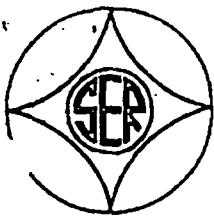
Other Characteristics -

Characteristic	Value
ADDRESS	: 1010 EISENHOWER DR.
CITY, STATE, ZIP	: GOSHEN, IN 46526
BILL TO	: D & B ENVIRONMENTAL
I E SAMPLED/SAMPLER	: 4-25-97/DS
DESCRIPTION	: YELLOW LIQUID
PROCESS GENERATING WASTE:	#3 - USED WATER FROM MACHINES
Container Type	: 5/55
Quantity	: 275 GALLONS
MATRIX	: LIQUID
COMPONENTS	:
TOP SEDIMENT	: TRACE
BOTTOM SEDIMENT	: TRACE
PETROLEUM	:
WATER SOLUBLE	: 100
SPECIFIC GRAVITY	: 1.003
VISCOSITY(cP) @ (%)	: <15 @ 10
pH	: 7.14
TEMP(F)	: 68.9
ppmCL	: 600
FLASH POINT(F)	: >200
FISCHER(% WATER)	:
BTU(BTU/lb), (BTU/G)	:
AMMONIA(PPM)	: 14.8
PHOSPHORUS(PPM)	:
FOG(mg/L)	:
COPPER(PPM)	:
ZINC(PPM)	: ND
PHENOL(PPM EQUI.)	:
ADD. RESULTS/COMMENTS	: LEAD = 69 PPM, SULFUR = ND

DATE: 5-2-97

SIGNATURE: COLLEEN WRIGHT

Colleen Wright



SER LABS

LABORATORY REPORT

CLIENT: D & B Environmental
ATTN: Don Sabbe
401 Lincolnway West
Osceola, IN 46561

REPORT: 97A3770

PROJECT/SITE: Dyger

SAMPLES SUBMITTED: 1

COLLECTED: 4-25-97

BY: DS

MATRIX: Liquid

RECEIVED: 4-29-97

REPORT SUMMARY

The analysis performed on the samples submitted are summarized below. They assist in determining the chemical or physical make up of the matrix and help determine hazardous characteristics.

These tests include:

- 1) pH TEST - A measurement of the acidity / alkalinity of the sample using a calibrated pH meter. Any substance with a pH greater than 12.5 or less than 2.0 would be considered a hazardous material.
- 2) FLASH TEST - Analysis of the ignitability of the sample using the closed cup method (SW-846 Method 1010). Any substance with a flash point less than 140 degrees Fahrenheit would be considered a hazardous material.
- 3) BOTTOM SOLIDS AND WATER DETERMINATION - An analysis of the percentage of water soluble components, petroleum, and solid constituents present in the sample. This test does not directly determine the hazardous characteristics of the sample, but is used for pricing and transportation information.
- 4) CHLORINATED SCAN - A chemical analysis to determine the amount of chlorine contaminated material present in the sample. Any wastestream with greater than 1,000 ppm total chlorine could be considered a hazardous material. (SW-846 Method 9075).

Detailed results are presented on the following page.

If you have any questions or comments concerning this report, please do not hesitate to call us at (219) 258-0507.

APPROVED BY: Don Hardy DATE: 5/2/97

Waste Profile Printout

Generator: DYGERT

EPA ID:

Phone 1:

(000) 000-0000

State ID:

Phone 2:

(000) 000-0000

=====

Waste Profile: 97A3770

Description: WASTEWATER/ OIL (#1 USED OIL/WATER

EPA Description: WASTEWATER/ OIL (#1 USED OIL/WATER

State Description: WASTEWATER/ OIL (#1 USED OIL/WATER

Hazard Class:

Hazardous: N

EPA Hazard Class:

State Hazardous: N

UN/NA Number:

RQ: 0

Form Code:

Source Code:

DOT PSN: WASTEWATER/OIL NON REGULATED MATERIAL

Chemical Name	Quantity Range
---------------	----------------

Code LB Sub Category	Specified Technology	How Mgd
----------------------	----------------------	---------

Other Characteristics -

Characteristic	Value
ADDRESS	: 1010 EISENHOWER DR
CITY, STATE, ZIP	: GOSHEN, IN 46526
BILL TO	: D & B ENVIRONMENTAL
I : SAMPLED/SAMPLER	: 4-25-97/DS
DESCRIPTION	: BILAYERED: BROWN, GREEN
PROCESS GENERATING WASTE:	#1 USED OIL/WATER FROM MACHINES
Container Type	1/55
Quantity	55 GALLONS
MATRIX	: LIQUID
COMPONENTS	:
TOP SEDIMENT	: 2.0
BOTTOM SEDIMENT	: TRACE
PETROLEUM	: 42.0
WATER SOLUBLE	: 56.0
SPECIFIC GRAVITY	: 0.931
VISCOSITY(cP) @ (%)	: 52.9 @ 88.2
pH	: 7.57
TEMP(F)	: 68.9
ppmCL	: 770.
FLASH POINT(F)	: 182
FISCHER(% WATER)	:
BTU(BTU/lb), (BTU/G)	:
AMMONIA(PPM)	:
PHOSPHORUS(PPM)	:
FOG(mg/L)	:
COPPER(PPM)	:
ZINC(PPM)	: <50
PHENOL(PPM EQUI.)	:
ADD. RESULTS/COMMENTS	: LEAD = 56 PPM, SULFUR = 0.256%
	:
DATE:	5-1-97
SIGNATURE:	ANDREA WILLIAMS

FE 6D

CONFIDENTIAL
DRAFT
ID
CONFIDENTIAL

P.O. BOX 233 • OSCEOLA, IN 46561 • PHONE: (219) 259-4138

Mr. Gregg A. Gaskill
Vice President
Dygert Seating
53381 Marina Drive
P.O. Box 847
Elkhart, Indiana 46515

May 1, 1997

Re: Hazardous Waste Disposal Cost Consideration

Dear Gregg:

I have compiled all information relative to the remaining drums left at the Goshen Facility and am providing the following information for your review.

All waste on-site will be treated as a "one-time" generation and shipment of hazardous and special waste resultant from the closing of a manufacturing facility. We will file for a one time generation and shipment EPA identification number for Dygert Seating, Inc. Using this method, Dygert will not be classified as a large quantity hazardous waste generator. Typically, a shipment of hazardous waste in this quantity would subject you to biennial reporting, state hazardous waste yearly charges and further RCRA compliance issues.

I must stress that we are entering into some "gray" areas of the regulation and only selected individuals should know about this shipment. I would not "muddy" the waters with the building owner at this time due to future ramifications. However, I feel you have every right to pursue some type of cost sharing arrangement.

The following list provides detail of what will be shipped off-site:

Quantity	Unit	Description
30	Drums	Methylene Chloride Adhesives
3	Drums	Methyl Ethyl Ketone
15	Drums	Paint Sludge And Solids
1	Drum	Flammable Adhesives
7	Drums	Starch Adhesives

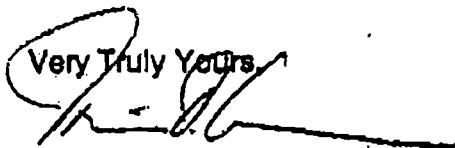
1	Drum	Soap Granules
1	Drum	Oil And Solvent Mixed
9	Drums	Oil Liquids And Solids
5	Drums	Waste Water And Solvent Mixed
1	Cubic Yard Box	1 And 5 Gallon Solvents, Adhesives, And Remaining Cans

A total of 72 drums and one cubic yard box will be shipped off-site. Dygert will need to have someone cut up the glue that is contained in the cardboard container and transfer the contents into 55 gallon drums. We estimate that three (3) drums will be sufficient to hold the transferred material. The remaining cardboard container can be disposed of as normal waste.

The cost associated with this work will be \$20, 690.00 which includes all analytical work performed to date, disposal, hazardous waste state tax, and transportation charges. ISES will prepare the application for a one time shipment of hazardous waste at no charge.

ISES will need access to the waste on two occasions and anticipate all waste being removed within 14 days from your approval.

I trust this meets with your approval and please contact me at your earliest convenience to discuss scheduling arrangements and payment method.


 Very Truly Yours,
 Tris O. Gour CIH, CSP
 Industrial Safety and Environmental Services

FE 6E

DS SALES, INC.
(formerly Dygert Seating, Inc.)
Debtor-In-Possession
53381 Marina Drive
Elkhart, IN 46515
219-262-4675

June 30, 1997

Mr. Tris O. Gour
I.S.E.S.
P. O. Box 233
1415 Lincolnway West, Suite E
Osceola, IN 46561

Dear Mr. Gour:

We have requested that you remove certain barrels from a premises we formerly leased in Goshen, Indiana. Before asking you to do so, we wanted to be sure that you understood our situation. There is presently not enough money in the Chapter 11 proceedings to pay all of the administrative expenses. It is anticipated that the company will convert the present Chapter 11 to a Chapter 7 proceeding and that the trustee in bankruptcy will pursue preference actions against certain of the creditors. We would anticipate, although we cannot guarantee, that there will be sufficient recoveries under the preference actions to pay the cost of collecting the preferences as well as money to pay the existing administrative claims. You must understand that there may not be enough money collected to pay all of the administrative expenses, including yours, and there may be an objection to your charges as an administrative expenses. With that understanding, we would like you to undertake the project as soon as possible.

Please call me if you have any questions.

Sincerely yours,

DS Sales, Inc.

By: David Dygert
David Dygert

cc: Geoffrey K. Church, Esq.

FE 6F



July 2, 1997

Mr. Tris O. Gour
I.S.E.S.
1415 Lincolnway West, Suite E
Osceola, IN 46561

**Re: Hazardous Waste Disposal From Eisenhower Drive Property in
Goshen, Indiana - Dygert Seating, Inc.**

Dear Mr. Gour:

The Eisenhower Drive facility in Goshen, Indiana previously used and leased by Dygert Seating, Inc. is owned by Robert H. Brewster, Sr. and the Trust for his deceased former wife, Esther Brewster, NBD Bank, Trustee. Mr. Brewster is the sole shareholder of Innkeepers of Goshen, Inc., which (among other activities) owns and operates the Goshen Inn & Convention Center (formerly known as the Goshen Holiday Inn). Such business is a meaningful, long-standing operation, that is essentially debt-free and fully capable of fulfilling its financial commitments.

Innkeepers of Goshen, Inc. herewith commits to pay Industrial Safety and Environmental Services the \$20,690 as the total cost for the removal and safe and legal disposition of the hazardous and special waste situated at the Eisenhower Drive facility as set forth in your letter of May 1, 1997 to Gregg A. Gaskill, vice President, Dygert Seating (copy attached). Such financial commitment on the part of Innkeepers of Goshen, Inc. shall mature after it has been determined what portion of the billing (if any) will not be paid and satisfied by Dygert Seating, Inc., now apparently known as DS Sales, Inc. As further assurance to you, any amount not paid by Dygert Seating within ninety days of the completion of your services will be paid in full by Innkeepers of Goshen, Inc. irrespective of whether future payments through the Dygert Seating bankruptcy or liquidation proceedings might be attainable by your company. Upon any such payment by Innkeepers of Goshen, Inc. your company will be obligated to assign its collection rights/open account indebtedness to Innkeepers of Goshen, Inc.

I hope with this assurance in hand, your company will proceed promptly with the proper removal and disposition of the waste materials situated at the Brewster real estate aforementioned.

If you have any questions concerning this writing or the commitment of Innkeepers of Goshen, Inc. herein stated please contact me immediately. Otherwise, I will assume that your company will immediately commence work on the waste removal and disposition.

Thank you for your anticipated cooperation.

Yours truly,



Kent F. Brechtel, President,
Innkeepers of Goshen, Inc.

KFB/ka
Enclosure
cc: Dave Dygert
Gordon Lord

FE 6G



July 7, 1997

Mr. Tris O. Gour
I.S.E.S.
1415 Lincolnway West, Suite E
P.O. Box 233
Osceola, IN 46561

Re: Hazardous Waste Disposal From Eisenhower Drive Property in Goshen, Indiana - Dygert Seating, Inc.

Dear Mr. Gour:

The Eisenhower Drive facility in Goshen, Indiana previously used and leased by Dygert Seating, Inc. is owned by Robert H. Brewster, Sr. and the Trust for his deceased former wife, Esther Brewster, NBD Bank, Trustee. Mr. Brewster is the sole shareholder of Innkeepers of Goshen, Inc., which (among other activities) owns and operates the Goshen Inn & Convention Center (formerly known as the Goshen Holiday Inn). Such business is a meaningful, long-standing operation, that is essentially debt-free and fully capable of fulfilling its financial commitments.

Innkeepers of Goshen, Inc. herewith commits to pay Industrial Safety and Environmental Services the \$20,690 as the total cost for the removal and safe and legal disposition of the hazardous and special waste situated at the Eisenhower Drive facility as set forth in your letter of May 1, 1997 to Gregg A. Gaskill, Vice President, Dygert Seating (copy attached). Such financial commitment on the part of Innkeepers of Goshen, Inc. shall be fulfilled at time of removal and disposition of the materials in question. Such payment is being made at your insistence because you fear that Dygert Seating, Inc. (now apparently known as DS Sales, Inc.) will not pay your company for the removal and disposition.

In return for the payment by Innkeepers, you and your company will pursue collection of the removal and disposition expenses from DS Sales through its bankruptcy proceedings as an administrative claim. Any amount so collected will be reimbursed by you and ISES to Innkeepers. At Innkeepers' request, and at any time hereafter, your company will be obligated to assign its collection rights/open account indebtedness to Innkeepers of Goshen, Inc.

FROM : TFL

PHONE NO. : 219 534 0733

Jul. 07 1997 10:35AM P3

None of Innkeepers of Goshen, Inc., Mr. Brewster, nor NBD Bank as trustee are the owners of the hazardous or special waste to be removed and disposed of. None deem themselves as "responsible parties" under any environmental laws or standards. Dave Dygert, Dygert Seating, and/or Flexsteel Industries have all previously promised and implicitly committed to remove the materials from the rental property, but to date such removal has not occurred, and you refuse to undertake the previously arranged removal if you are not comfortable about being paid. Because Mr. Brewster and NBD Bank cannot lease or sell the building in its current situation (with the materials of Dygert still on site), Innkeepers has agreed to pay the amount owed by Dygert Seating (DS Sales) and/or Dave Dygert though it, Mr. Brewster, and NBD Bank are not in any fashion obligated to remove or dispose of such.

I hope with this assurance in hand, your company will proceed promptly with the proper removal and disposition of the waste materials situated at the Brewster real estate aforementioned.

If you have any questions concerning this writing or the commitment of Innkeepers of Goshen, Inc. herein stated please contact me immediately. Otherwise, I will assume that your company will immediately commence work on the waste removal and disposition.

Thank you for your anticipated cooperation.

Yours truly,



Kent F. Brechtel, President,
Innkeepers of Goshen, Inc.

KFB/ka
Enclosure
cc: Dave Dygert
Gordon Lord

FE 6H

TRANSMISSION RESULT REPORT(JUL 16 '97 01:32PM).....

I.S.E.S.

..... (AUTO)

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
096	MEMORY TX		DYGERT	03/03	OK

ERRORS

- 1) HANG UP OR LINE FAIL 2) BUSY 3) NO ANSWER 4) NO FACSIMILE CONNECTION



Industrial Safety and
Environmental Services

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1416 Lincolnway West, Suite E, P.O. Box 233, Oscoda, IN 46561 • Phone (219) 674-8357 • Fax (219) 674-6166 • ises@skynet.net

DATE: _____
TIME: _____

TO:

Chris G. Kunkel

FAX:

FROM:

Industrial Safety and Environmental Services



Industrial Safety and
Environmental Services

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DATE: _____
TIME: _____

TO:

Greg Gaskill

FAX:

FROM:

Kathy

Industrial Safety and Environmental Services

SUBJECT:

Pages To Follow: 2

Please call (219) 674-8357 if there are any problems with this transmittal.

This facsimile is privileged and confidential and is intended only for the individual or entity named above and others who have been specifically authorized to receive it. If you are not the intended recipient you are hereby notified that any dissemination or copying of this communication is strictly prohibited.

Original Will Follow:

No

By Mail

Via Federal Express

FE 6I

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
<input checked="" type="checkbox"/> 1. Generator (See Instructions)	<input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.	<input type="checkbox"/> 1. Used Oil Recycling Marketer
<input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)	<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below)		<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device
Mode of Transportation		<input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> a. Utility Boiler
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 1. Smelter Deferral	<input type="checkbox"/> b. Industrial Boiler
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 4. Water	<input type="checkbox"/> 2. Small Quantity Exemption	<input type="checkbox"/> c. Industrial Furnace
<input type="checkbox"/> 5. Other - specify		<input type="checkbox"/> Indicate Type of Combustion Device(s)	<input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
		<input type="checkbox"/> 1. Utility Boiler	<input type="checkbox"/> a. Transporter
		<input type="checkbox"/> 2. Industrial Boiler	<input type="checkbox"/> b. Transfer Facility
		<input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
		<input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> a. Process
			<input type="checkbox"/> b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D004)	5. (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n	a							

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5	D 0 0 1	F 0 0 2		
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
n	a				

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
	David Dygert / owner	

XI. Comments

Property owner is Innkeepers of Goshen Inc.. The building was leased by Dygert Seating Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

TRANSMISSION RESULT REPORT (JUL 17 '97 09:05AM)

I.S.E.S.

(AUTO)

THE FOLLOWING FILE(S) ERASED

FILE	FILE TYPE	OPTION	TEL NO.	PAGE	RESULT
100	MEMORY TX		13172323403	03/03	OK

ERRORS

- 1) HANG UP OR LINE FAIL 2) BUSY 3) NO ANSWER 4) NO FACSIMILE CONNECTION



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Industrial Safety and
Environmental Services

1415 Lincolnway West, Suite E, P.O. Box 233, Osceola, IN 46561 • Phone (219) 674-8357 • Fax (219) 674-6166 • ises@skynet.net

DATE: 7-17-97
TIME: _____

TO: Marilyn Hansen

FAX: 317-232-3403

FROM: Kathy Norris

Industrial Safety and Environmental Services



Industrial Safety and
Environmental Services

"We put you in compliance"

1415 Lincolnway West, Suite E, P.O. Box 233, Osceola, IN 46561 • Phone (219) 674-8357 • Fax (219) 674-6166 • ises@skynet.net

DATE: 7-17-97
TIME: _____

TO: Marilyn Hansen

FAX: 317-232-3403

FROM: Kathy Norris

Industrial Safety and Environmental Services

SUBJECT: Please notify me when an
EPA ID# has been issued
Thank You

Pages To Follow: 2

Kathy

Please call (219) 674-8357 if there are any problems with this transmittal.

This facsimile is privileged and confidential and is intended only for the individual or entity named above and others who have been specifically authorized to receive it. If you are not the intended recipient you are hereby notified that any dissemination or copying of this communication is strictly prohibited.

Original Will Follow:

No

By Mail Via Federal Express

JUL 16 '97 04:14PM DYGERT SEATING

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

IP. 1/3

Form Approved, OMB No. 2020-0226 Expires 7-31-05
GSA No. 0140-EPA-07

Information to Doctor V. Lurkin
Environmental Quality Control, Inc., Goshen
EPA Region 2 Office, before
completing this form. The
information required here is
based on the information of
the Facility Description and
Inventory data.

Notification of Regulated Waste Activity



United States Environmental Protection Agency

Data Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

 A. Initial Notification B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site names)

Dyeger Seating, Inc.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1010 Eisenhower

Street (Continued)

City or Town

State

Zip Code

Goshen

In 4 6 5 2 6 -

County Code County Name

Elkhart

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Gaskill

Greg

Job Title

Phone Number (Area Code and Number)

Purchasing Dir

219-262-4675

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

 P.O. Box 847

City or Town

State Zip Code

Elkhart

In 4 6 5 1 5 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

David Dygert

Street, P.O. Box, or Route Number

 P.O. Box 847

City or Town

State Zip Code

Elkhart

In 4 6 5 1 5 -

Phone Number (Area Code and Number)

219-262-4675

B. Land Type

C. Other Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

P

P

Yes

No

JUL 16 '97 04:14PM DYGERT SEATING

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2410-0028 Expires 10/31/99
GSA No. 03-0-0004-0001P-2
ID - For Official Use Only

VII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
<input type="checkbox"/> 1. Generator (See Instructions)	<input type="checkbox"/> 2. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see Instructions.	<input type="checkbox"/> 1. Used Oil Recycling Marketer	<input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
<input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications	<input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device
<input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)	<input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> a. Utility Boiler	<input type="checkbox"/> a. Utility Boiler
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> d. Boiler and/or Industrial Furnace	<input type="checkbox"/> b. Industrial Boiler	<input type="checkbox"/> b. Industrial Boiler
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-6 below)	<input type="checkbox"/> e. Generator Marketing to Burner	<input type="checkbox"/> c. Industrial Furnace	<input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> f. Boiler and/or Industrial Furnace	<input type="checkbox"/> a. Transporter	<input type="checkbox"/> a. Transporter
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> g. Underground Injection Control	<input type="checkbox"/> b. Transfer Facility	<input type="checkbox"/> b. Transfer Facility
Mode of Transportation		<input type="checkbox"/> h. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)	<input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
<input type="checkbox"/> 1. Air	<input type="checkbox"/> i. Other	<input type="checkbox"/> a. Process	<input type="checkbox"/> a. Process
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> j. Other	<input type="checkbox"/> b. Re-refine	<input type="checkbox"/> b. Re-refine
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> k. Other		
<input type="checkbox"/> 4. Water	<input type="checkbox"/> l. Other		
<input type="checkbox"/> 5. Other - specify	<input type="checkbox"/> m. Other		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.30 - 261.34)				(List specific EPA hazardous waste number(s) for the Toxicity characteristic(s) contained(s))																	
1. Ignitable (2601)	2. Corrosive (2602)	3. Reactive (2603)	4. Toxicity Characteristic	D			A			B			C			E			F		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
B. Listed Hazardous Wastes. (See 40 CFR 261.37 - 33; See Instructions if you need to list more than 12 waste codes.)				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
				F 0 0 3	F 0 0 5	D 0 0 1	F 0 0 2														
				7	8	9	10														

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
n	a				

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
	David Dygert / owner	7-16-97

XI. Comments

Property owner is Innkeepers of Goshen Inc.. The building was leased by Dygert Seating Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

FE 6J

Please print or type with ELITE type (12 character per inch) in the unshaded areas only

Approved, OMB No. 2050-0028, Expires 10/31/98
GSA No. 0246-EPA-OT

Refer to Section V, Line by Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of Resource Conservation and Recovery Act).



United States Environmental Protection Agency

Notification of Regulated Waste Activity

RECEIVED
Date Received _____
(For Official Use Only)
JUL 30 1997
FAX 7-17-97
DEPARTMENT OF

Installation's EPA ID Number (Mark X in the appropriate box)

A. Initial Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

IND005253513

Name of Installation (Include company and specific site name)

Dygert Seating, Inc.

Location of Installation (Physical address, not P.O. Box or Route Number)

Street

1010 Eisenhower

Street (Continued)

City or Town

State Zip Code

Goshen

In 4 6 5 2 6 -

County Code

County Name

039 Elkhart

Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State Zip Code

Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

Gaskill

Greg

Job Title

Phone Number (Area Code and Number)

Purchasing Dir 219-262-4675

Installation Contact Address (See Instructions)

A. Contact Address
B. Street or P.O. Box

P O Box 847

City or Town

State Zip Code

Elkhart

In 4 6 5 1 5 -

Ownership (See Instructions)

Name of Installation's Legal Owner

David Dygert

Street, P.O. Box, or Route Number

P.O. Box 847

City or Town

State Zip Code

Elkhart

In 4 6 5 1 5 -

Phone Number (Area Code and Number)

219-262-4675

B. Land Type

C. Owner Type

D. Change of Owner

E. Date Changed

Month Day Year

P Y P Y

Y N Y N

Y N Y N

ID - For Official Use Only**Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)****A. Hazardous Waste Activity**

1. Generator (See Instructions)
 a. Greater than 1000 kg/mo (2,200 lbs.)
 b. 100 to 1000 kg/mo (220-2,200 lbs.)
 c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
 a. For own waste only
 b. For commercial purposes

Mode of Transportation

1. Air

 2. Rail

 3. Highway

 4. Water

 5. Other - specify

3. Treater, Storer, Disposer (at Installation). Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- a. Generator Marketing to Burner
 b. Other Marketers
 c. Boiler and/or Industrial Furnace
1. Smelter Deferral
 2. Small Quantity Exemption
 Indicate Type(s) of Combustion Device(s)
1. Utility Boiler
 2. Industrial Boiler
 3. Industrial Furnace

5. Underground Injection Control**B. Used Oil Recycling Activities**

1. Used Oil Recycling Marketer
 a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
 a. Utility Boiler
 b. Industrial Boiler
 c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
 a. Transporter
 b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 a. Process
 b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)**A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. See 40 CFR Parts 261.20 - 261.24.)**

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Listed Hazardous Wastes (See 40 CFR 261.31-33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 3	F 0 0 5	D 0 0 1	F 0 0 42		12

C. Other Wastes. (State or other wastes requiring a handler to have an ID. number. See instructions.)

1	2	3	4	5	6
m a					

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or Print)

David Dysert // owner

Date Signed

9/23/99

Comments

Property owner is Innkeepers of Goshen Inc. The building was leased by Diversified Seating Inc.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

FE 6K



401 Lincoln Way West
Osceola, IN 46561
Phone: 219-674-0161
Fax: 219-674-2778

FAX COVER SHEET

TO: INDUSTRIAL SAFETY DATE: 2-17-98
ATTN: Cathy FROM: Sue
RE: DYGERT SEATING
MESSAGE:
Profiles AND Manifest Copies to
follow.

NUMBER OF PAGES TO FOLLOW: 9



12196742778 D&B ENVIRONMENTAL

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

153 P02 FEB 17 '98 16:14

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

PLEASE PRINT OR TYPE		(Form designed for use on file (12-pitch typewriter.)		Form approved, OMB No. 2050-0039. Expires 9-30-94		
UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's U.S. EPA ID Number	Manifest Document No.	22. Page	Information in the shaded areas is not required by Federal Law, but Items L, O, Q, R and T are required by State Law.	
		I.W.D.O.U.S.2.S.3.S.1.3	6.6.3.3.2	2012		
23. Generator's Name WILSON SEALING 1010 KIESERICH, COOPER, IN 46328 (219) 674-8357				L. State Manifest Document Number	IWA 1170072	
24. Transporter Company Name TRI-STATE MOTOR TRASNSIT CO.		25. U.S. EPA ID Number	26. U.S. EPA ID Number	M. State Transportation ID Number	OYTRI-STATE-MOTOR-TRASNSIT-CO-1699	
26. Transporter Company Name		26. U.S. EPA ID Number		N. State Transportation ID Number		
				O. City Transportation ID Number		
				P. City Transportation ID Number		
				Q. Transporter's Phone		
28. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		29. Containers No.	30. Total Quantity	31. Unit Wt/Vol	32. Waste No.	
a. HAZ. WASTE PAINT RELATED MATERIALS PGH1 UNLAW		0.14	D.M.	.....	G FOX2
b. HAZARDOUS WASTE LIQUID NON D.O.T REGULATED		0.10	D.M.	.....	G N/A
c. NON HAZARDOUS WASTE SOLID NON D.O.T REGULATED		0.00	D.M.	.....	G N/A
d.		..	..	....
e.		..	..	....
f.		..	..	....
g.		..	..	....
h.		..	..	....
i.		..	..	....
j.		..	..	....
k.		..	..	....
l.		..	..	....
m. ADDRESS - 1010 KIESERICH, COOPER, IN 46328 200 MS-144829L BON 1012 SPILLER ADDITIVE 200 MS-144830K SCRAP CEMENT		Handling Codes for Waste Listed Above		DATE		
				Month	Day	Year
32. Special Handling Instructions and Additional Information						
33. Transporter Acknowledgement of Receipt of Materials		Signature		DATE		
Printed / Typed Name				Month	Day	Year
34. Transporter Acknowledgement of Receipt of Materials		Signature		DATE		
Printed / Typed Name				Month	Day	Year
36. Discrepancy Indication Space						
F	A	C	F	Y		



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch typewriter.)

Form approved: OMIS No. 2050-0038. Expires 8-30-98
Information in the shaded areas is
not required by Federal law, but
Items G, P, H, I and K are required
by State law.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No. 1-E1-D-0-0-0-5-0-2-0-5-0-3-0-0-0-3-0	Manifest Document No. 1-E1-D-0-0-0-5-0-2-0-5-0-3-0-0-0-3-0	2. Page 1 of	Information in the shaded areas is not required by Federal law, but Items G, P, H, I and K are required by State law.	
3. Generator's Name and Mailing Address DIGEST SPADING 1010 EAST 20TH ST., COLUMBUS, OH 43228		4. Generator's Phone (219 674-8357)		A. State Manifest Document Number INA 1170072		
5. Transporter 1 Company Name INTEGRATED LOGISTICS TRANSIT CO.		6. US EPA ID Number 1-U-D-0-0-0-U-S-0-9-9-0		B. State Generator's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		
9. Designated Facility Name and Site Address WILCOXTEK CONTINENTAL INDUSTRIES INC. INDIANA, INC. 45400 RIVERVIEW AVENUE CROWN CITY, IN 46332		10. US EPA ID Number 1-U-D-0-0-0-0-0-0-0-0-0-0-0-0-0-0		D. Transporter's Phone ((800) 565-1899)		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. HAZARD FLAMMABLE LIQUIDS, N.U.S. (1310) 2500L CLASSIFIED: HAZARD 3 UN1343 PGII		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol:	15. Waste No. P003
b. HAZARD CORROSIVE LIQUIDS C.I. UN1343 PGII		0.01	DRUM	.3.0.0.3		
c. HAZARD ADHESIVES 3 UN3133 PGII		0.2.10.0	DRUM	.10.5.0.3		P002
d. HAZARD POLYVINYL CHLORIDE 3 UN1199 PGII		0.0.1	DRUM	.5.0.0.3		P003
e. HAZARD POLYVINYL CHLORIDE ACETATE 3 UN1199 PGII		0.0.4	DRUM	.12.0.0.3		P003
J. Additional Descriptions for Materials Listed Above 11A KG-137836P ASSORT SOC & ADDRESS (PO BOX 00001, DK351/2KG1220 11B KG-144627L PAGE ADDRESS (KG150 11C KG-144628L ADDRESSITE (DK01)RAC127 11D KG-144631L METH ETH KEP(DK01)2KG1227		K. Handling Codes for Wastes Listed Above S01				
15. Special Handling Instructions and Additional Information C-413-915-5-3-12-279 T1-343 DR- X3- 1-0- Facility #: Seal #: Waste Gen Locality Attached						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, If I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name		Signature			Date Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature			Date Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature			Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted item 19. Printed/Typed Name		Signature			Date Month Day Year	

 In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the
 National Response Center at 800/424-8802 or 202/426-2675.

EPA-DOE-38322-R

FACILITY

 INA
1170072

Generator Name: DYGERT STATINC Billing Name: D&B ENVIRONMENTAL
 Street 1010 EISENHOWER ST. Street 401 L.W. W.
 City GOSHEN State IN Zip 46526 City OSCEOLA State IN Zip 46561
 Technical Contact: IRIS GORE Title: AGENT Phone: 219 674-8357 Fax: _____
 Federal EPA ID No.: IND005253513 State ID No.: _____ S.I.C. Code: _____ Form Code: B: _____

Check if you are a Conditionally Exempt Small Quantity Generator Check if you are a Broker PCI Sales Rep. _____

Common Name of Waste ASSORTED SOLVENTS & ADHESIVES

Original Process Generating Waste (must be specific) PLANT CLEANUP

Method of Shipment: Drum (size) _____ Bulk / Yd Box Quantity _____ per Wk Mo Qtr Yr One-time

MSDS Attached? Yes No

TCLP Attached? Yes No

Check if sample has been submitted

3. PHYSICAL PROPERTIES @ 25°C (77°F)

Color(s) MULTI % Total Halogens _____

Specific Gravity _____

odor (via casual detection) None Mild Strong

Physical State

80 % Liquid _____ % Sludge Single

Phase/Layers

20 % Solid _____ % Powder Multiple, how many _____

% Other, describe _____

Ba/Lb.	pH	Flashpoint
<input type="checkbox"/> < 5,000	<input type="checkbox"/> < 2.0	<input checked="" type="checkbox"/> < 73°
<input type="checkbox"/> 5-10,000	<input checked="" type="checkbox"/> 2.0-12.5	<input type="checkbox"/> 73-140°
<input checked="" type="checkbox"/> > 10,000	<input type="checkbox"/> > 12.5	<input type="checkbox"/> 140-200°
Exact _____	Exact _____	Exact _____

4. CHEMICAL COMPOSITION
(List Hazardous as well as Non-Hazardous compounds and corresponding slopes.)

SEE ATTACHED LIST

1 TERRIAL IN ONE CUBIC YARD BOX IN ORIGINAL CONTAINERS

Total of Maximum concentration must be 2100%

5. RCRA CHARACTERIZATION

1. Is this material a "Hazardous Waste" under 40CFR 261?

2. Is this a "Characteristic Waste"?

If "Yes" Is it: D001 Ignitable D002 Corrosive D003 Reactive
 D004-D043 Toxic, give specific codes: D023

3. Is this an "F" or a "K" waste or mixed with one?

If "Yes" give waste codes from 40CFR 261.31 and/or 261.32: F005 - F003

4. Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33(e) or (f)?

If "Yes" give the waste code: _____

5. Is this a state regulated waste?

If "Yes" give codes: _____

DOT CHARACTERIZATION

6. Is this a "Hazardous Substance/Marine Pollutant" as defined in 40CFR D.O.T.?

7. If "Yes" give the proper D.O.T. Shipping Description from 40CFR 172.101:

FLAMMABLE LIQUIDS N.O.S.

UN #: 1997

8. Hazard Class: 3

RC

Packaging Group: II

9. Give the two primary hazardous constituents: METHYLL CYANIL KETONE

GENERATOR CERTIFICATION

hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. To deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

NAME (Print) IRIS GORE

TITLE AGENT

SIGNATURE [Signature]

DATE 7-29-97

LAMPLERS SIGNATURE

PHONE _____

PCI

137836

Company Name _____

Waste Common Name _____

Sample Collected By _____

Date Collected _____

A. Generator Name: DYGERT SENTINEL
 Street: 1010 PISCHOWER
 City: GOSHEN State: IN Zip: 46561
 Billing Name: D&B ENVIRONMENTAL
 Street: 2901 L.W.W.
 City: OSCEOLA State: IN Zip: 46561
 Technical Contact: TRIS GORE Title: AGENT Phone: 219 674-9357 Fax: _____
 Federal EPA ID No.: TND 005258513 State ID No.: _____ S.I.C. Code: _____ Form Code B: _____
 Check if you are a Conditionally Exempt Small Quantity Generator PCI Sales Rep: _____
 Common Name of Waste WASTE ADHESIVE
 Original Process Generating Waste (must be specific) SPRAYING CUSHIONS

Method of Shipment Drum (s) 55 GAL Bulk _____ Quantity 22 per Wk Mo Qtr Yr One-time
 MSDS Attached? Yes No TCLP Attached? Yes No Check if sample has been submitted

B. PHYSICAL PROPERTIES @ 25°C (77°F)

Color(s) YELLOWISH % Total Halogens _____ Specific Gravity _____

odor (via casual detection) None Mild Strong

Physical State

50 % Liquid 50 % Sludge Single

% Solid _____ % Powder Multiple, how many _____

% Other, describe _____

Btu/lb.	pH	Flashpoint
<input type="checkbox"/> < 5,000	<input type="checkbox"/> < 2.0	<input type="checkbox"/> ≤ 73°
<input checked="" type="checkbox"/> 5-10,000	<input checked="" type="checkbox"/> 2.0-12.5	<input type="checkbox"/> 73-140°
<input type="checkbox"/> > 10,000	<input type="checkbox"/> > 12.5	<input type="checkbox"/> 140-200°

Exact _____ Exact _____ Exact _____

C. CHEMICAL COMPOSITION
(List Hazardous as well as Non-Hazardous components and corresponding weight)

RESIN 60 70%
METHYLENE CHLORIDE 30 40%

OTHER COMPONENTS TOTAL (PPM)

NO	YES	NO	YES
CYANIDES	<input checked="" type="checkbox"/>		
SULFIDES	<input checked="" type="checkbox"/>		<input type="checkbox"/>
REACTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CYANOGENS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REACTIVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SULFIDES	<input checked="" type="checkbox"/>		<input type="checkbox"/>

HAZARDOUS PROPERTIES

- NONE BENZENS
KETAPAC
- WATER REACTIVE AIR REACTIVE EXPLOSIVE
- SHOCK SENSITIVE PYROPHORIC POLYMERIZABLE
- RADIOACTIVE PESTICIDE PATHOGEN
- CORROSIVE INSECTICIDE BIOLOGICAL
- INCINS

OTHER

E. RCRA CHARACTERIZATION

1. Is this material a "Hazardous Waste" under 40CFR 261.3?

Yes No
 Yes No

2. Is this a "Characteristic Waste"?

If "Yes" is: D001 Ignitable D002 Corrosive D003 Reactive
 D004 - D043 Toxic, give specific codes: PCP

3. Is this an "F" or a "K" waste or mixed with one?

If "Yes" give waste codes from 40CFR 261.31 and/or 261.32: F002

4. Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33(e) or (f)?

If "Yes" give the waste code: _____

5. Is this a state regulated waste?

If "Yes" give codes: _____

Yes No
 Yes No

DOT CHARACTERIZATION

1. Is this a "Hazardous Substance/Marine Pollutant" as defined in 49CFR D.O.T.?

Yes No

2. If "Yes" give the proper D.O.T. Shipping Description from 49CFR 172-101:

WASTE DICHLOROMETHANE UN/NA: 1593

3. Hazard Class: 6.1

RC Packaging Group: III

4. Give the two primary hazardous constituents: METHYLENE CHLORIDE

For Internal Use Only

Date Received _____

Date Approved _____

Treatment Method _____

PCI

144827

Company Name _____

Waste Common Name _____

Sample Collected By _____

Date Collected _____

GENERATOR CERTIFICATION
hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. to deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.
also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.
JNAME (Print) <u>TRIS GORE</u> TITLE <u>AGENT</u>
SIGNATURE <u>Tris Gore</u> DATE <u>7-18-97</u>
SAMPLERS SIGNATURE _____ PHONE _____

A. Generator Name: DYBERT SERVING Billing Name: D & B ENVIRONMENTAL
 Street: 1010 ISENTHOWER ST. Street: 401 L.W.W.
 C. SOSTEN State: IN Zip: 46528 City: OSCEOLA State: IN Zip: 46561
 Technical Contact: TRIS FORE Title: AGENT Phone: 624-8357 Fax: _____
 Federal EPA ID No.: TND 005253513 State ID No.: _____ S.I.C. Code: _____ Form Code B: _____
 Check if you are a Conditionally Exempt Small Quantity Generator PCI Sales Rep. _____
 Common Name of Waste: WASTE PAINT
 Original Process Generating Waste (must be specific): SPRAY PAINT OPERATION

Method of Shipment: Drum (size: 55gal) Bulk Quantity: 15 per Wk Mo Qtr Yr One-time

MSDS Attached? Yes No TCLP Attached? Yes No Check if sample has been submitted

B. PHYSICAL PROPERTIES @ 25°C (77°F)

Color(s): BLACK % Total Halogens: _____ Specific Gravity: _____

Odor (no unusual detection): None Mild Strong

Physical State: _____ Phase/Layers: _____

70 % Liquid: _____ % Sludge: Single

30 % Solid: _____ % Powder: Multiple, how many: _____

% Other, describe: _____

C. CHEMICAL COMPOSITION
(List hazardous as well as non-hazardous components and corresponding ranges.)

<u>PAINT</u>	<u>40 .50%</u>
<u>ACETONE</u>	<u>5 - 10%</u>
<u>TOLUENE</u>	<u>18 - 15%</u>
<u>XYLENE</u>	<u>10 - 15%</u>
<u>METHYL ETHYL KETONE</u>	<u>5 - 10%</u>
<u>METHYL ISOBUTYL KETONE</u>	<u>5 - 10%</u>
Total of Maximum concentrations must be ≤ 100%	

Blw/Lb.	pH	Flashpoint
<input type="checkbox"/> < 5,000	<input type="checkbox"/> < 2.0	<input type="checkbox"/> < 73°
<input type="checkbox"/> 5-10,000	<input type="checkbox"/> 2.0-12.5	<input type="checkbox"/> 73-140°
<input type="checkbox"/> > 10,000	<input type="checkbox"/> > 12.5	<input type="checkbox"/> 140-200°
Exact	Exact	Exact

OTHER COMPONENTS TOTAL (PPM)			
NO	YES	NO	YES
CYANIDES	<input checked="" type="checkbox"/>	AMINES	<input type="checkbox"/>
SULFIDES	<input type="checkbox"/>	POTS	<input type="checkbox"/>
REACTIVE	<input type="checkbox"/>	PHENOLS	<input type="checkbox"/>
CYANIDES	<input type="checkbox"/>	PHENOLICS	<input type="checkbox"/>
REACTIVE	<input type="checkbox"/>		
SULFIDES	<input type="checkbox"/>		
REACTIVE	<input type="checkbox"/>		
DIOXINS			

HAZARDOUS PROPERTIES	
<input type="checkbox"/> NONE	<input type="checkbox"/> BENZENE NAPHTH
<input type="checkbox"/> WATER REACTIVE	<input type="checkbox"/> AIR REACTIVE
<input type="checkbox"/> REACTIVE	<input type="checkbox"/> EXPLOSIVE
<input type="checkbox"/> SHOCK SENSITIVE	<input type="checkbox"/> PYROPHORIC
<input type="checkbox"/> RADIOACTIVE	<input type="checkbox"/> POLYMERIZABLE
<input type="checkbox"/> CORROSIVE	<input type="checkbox"/> PATHOGEN
<input type="checkbox"/> DIOXINS	<input type="checkbox"/> INSECTICIDE
	<input type="checkbox"/> BIOLOGICAL

OTHER

D004. Arsenic	5.0	NA
D005. Barium	100.0	NA
D006. Cadmium	1.0	NA
D007. Chromium	5.0	NA
D008. Lead	5.0	NA
D009. Mercury	0.2	NA
D010. Selenium	1.0	NA
D011. Silver	8.0	NA
Copper	100.0	NA
Zinc	500.0	NA
ORGANIC CHARACTERISTICS		
D012. Erdin	0.02	NA
D013. Lindane	0.4	NA
D014. Methychlor	10.0	NA
D015. Texaphene	0.5	NA
D016. 2, 4-Dichlorophenoxyacetic Acid	10.0	NA
D017. 2, 4, 5-TP (Silvex)	1.0	NA
D018. Benzene	0.5	NA
D019. Carbos-Tetrachloride	0.5	NA
D020. Chlordane	0.03	NA
D021. Chlorobenzene	100.0	NA
D022. Chloroform	6.0	NA
D023. o-Cresol	200.0	NA
D024. m-Cresol	200.0	NA
D025. p-Cresol	200.0	NA
D026. Cresol	200.0	NA
D027. 1, 4-Dichlorobenzene	7.5	NA
D028. 1, 2-Dichloroethane	0.5	NA
D029. 1, 1-Dichloroethylene	0.7	NA
D030. 2, 4-Dinitrobutane	.013	NA
D031. Hexachlorbenzene (and its isopoxide)	0.008	NA
D032. Hexachlorobutadiene	0.13	NA
D033. Hexachloroethane	0.5	NA
D034. Hexachloroethene	3.0	NA
D035. Methyl Ethyl Ketone	200.0	NA
D036. Nitrobenzene	2.0	NA
D037. Pentachlorophenol	100.0	NA
D038. Pyridine	5.0	NA
D039. Trichloroethylene	0.7	NA
D040. Trichloroethylene	0.5	NA
D041. 2, 4, 6-Trichlorophenol	400.0	NA
D042. 2, 4, 6-Trichlorophenol	2.0	NA
D043. Vinyl Chloride	0.2	NA

For Internal Use Only

E. RCRA CHARACTERIZATION

1. Is this material a "Hazardous Waste" under 40CFR 261.37?

Yes No

2. Is this a "Characteristic Waste"?

Yes No

If "Yes" is it: D001 Ignitable D002 Corrosive D003 Reactive

D004 - D043 Toxic, give specific codes: _____

3. Is this an "F" or a "K" waste or mixed with one?

Yes No

If "Yes" give waste codes from 40CFR 261.31 and/or 261.32: F003 - F005

4. Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33 (e) or (f)?

Yes No

If "Yes" give the waste code: _____

5. Is this a state regulated waste?

Yes No

If "Yes" give codes: _____

DOT CHARACTERIZATION

1. Is this a "Hazardous Substance/Marine Pollutant" as defined in 49CFR D.O.T.?

Yes No

2. If "Yes" give the proper D.O.T. Shipping Description from 49CFR 172.101:

WASTE PAINT RELATED MATERIAL

UN1263

3. Hazard Class: 3

4. P= the two primary hazardous constituents: TOLENEIC-XYLENE

GENERATOR CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

I also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

NAME (Print): TRIS FORE

TITLE: AGENT

SIGNATURE: Tris Fore

DATE: 2-18-97

SAMPLERS SIGNATURE: _____

PHONE: _____

PCI

144993

Company Name: _____

Waste Common Name: _____

Sample Collected By: _____

Date Collected: _____

A. Generator Name: DYGERT SEATING Billing Name: D&B ENVIRONMENTAL
 Street 1010 EISENHOWER ST. Street 401 L.W.W.
GOSHEN State IN Zip 46528 City OSCEOLA State IN Zip 46561
 Technical Contact: TRIS GORE Title: AGENT Phone: 219 674-8357 Fax: _____
 Federal EPA ID No.: TND005253513 State ID No.: _____ S.I.C. Code: _____ Form Code B: _____
 Check if you are a Conditionally Exempt Small Quantity Generator PCI Sales Rep. _____
 Common Name of Waste: METHYL ETHYL KETONE
 Original Process Generating Waste (must be specific) PAINT TRAINING

Method of Shipment Drum (size 55gal) Bulk Quantity 3 per Wk Mo Qtr Yr One-time

MSDS Attached? Yes No TCLP Attached? Yes No Check if sample has been submitted

B. PHYSICAL PROPERTIES @ 23°C (73°F)

Color(s) CLEAR % Total Halogens _____ Specific Gravity _____
 Odor (by casual detection) None Mild Strong
 Physical State 100% Liquid Phase/Layers Single
% Solid % Powder Multiple, how many _____
 % Other, describe _____

BW/LB.	pH	Flashpoint
<input type="checkbox"/> < 5,000	<input type="checkbox"/> < 2.0	<input checked="" type="checkbox"/> < 73°
<input type="checkbox"/> 5-10,000	<input checked="" type="checkbox"/> 2.0-12.5	<input type="checkbox"/> 73-140°
<input checked="" type="checkbox"/> > 10,000	<input type="checkbox"/> > 12.5	<input type="checkbox"/> 140-200°
Exact	Exact	Exact

C. CHEMICAL COMPOSITION
(List Hazardous as well as Non-Hazardous components and corresponding ranges.)

METHYL ETHYL KETONE 100%
 CYANIDES NO YES
 BENZIDES NO YES
 REACTIVE CYANIDES NO YES
 REACTIVE BENZIDES NO YES
 AMINES NO YES
 PCBS NO YES
 PHENOLIC ACIDS NO YES
 OTHERS NO YES
 HAZARDOUS PROPERTIES
 NONE BENZENE
 NESHAP
 WATER REACTIVE AIR REACTIVE EXPLOSIVE
 SHOCK SENSITIVE PYROPHORIC POLYMERIZABLE
 RADIOACTIVE PESTICIDE PATHOGENIC
 CORROSIVE INSECTICIDE ETIOLOGICAL
 OXIDANTS BIOLOGICAL
 Total of Maximum concentration must be 2.100% _____

E. RCRA CHARACTERIZATION

- Is this material a "Hazardous Waste" under 40CFR 261.37? Yes No
- Is this a "Characteristic Waste"? Yes No
- If "Yes" is it: D001 Ignitable D002 Corrosive D003 Reactive
 D004 - D043 Toxic, give specific codes: _____
- Is this an "F" or a "K" waste or mixed with one? Yes No
- If "Yes" give waste codes from 40CFR 261.31 and/or 261.32: F005
- Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33 (e) or (f)? Yes No
- If "Yes" give the waste code: _____
- Is this a state regulated waste? Yes No
- If "Yes" give codes: _____

DOT CHARACTERIZATION

- Is this a "Hazardous Substance/Marine Pollutant" as defined in 49CFR D.O.T.? Yes No
- If "Yes" give the proper D.O.T. Shipping Description from 40CFR 172.101: HAZARDOUS MATERIAL UN/NA: 1193
- Hazard Class: 3 RO _____ Packaging Group: II
- Give the two primary hazardous constituents: METHYL ETHYL KETONE

GENERATOR CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

I also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

NAME (Print) TRIS GORE

TITLE AGENT

SIGNATURE Tris Gore

DATE 7/13-97

SAMPLER'S SIGNATURE _____

PHONE _____

D. Based on knowledge or analysis, provide an actual value or value for TCLP concentrations or total metal concentrations in ppm.

INORGANIC CHARACTERISTICS

D004 Arsenic	5.0	<u>NA</u>
D005 Barium	100.0	<u>NA</u>
D006 Cadmium	1.0	<u>NA</u>
D007 Chromium	5.0	<u>NA</u>
D008 Lead	6.0	<u>NA</u>
D009 Mercury	0.2	<u>NA</u>
D010 Selenium	1.0	<u>NA</u>
D011 Silver	5.0	<u>NA</u>
Copper	100.0	<u>NA</u>
Zinc	500.0	<u>NA</u>

ORGANIC CHARACTERISTICS

D012 Endrin	0.02	<u>NA</u>
D013 Lindane	0.4	<u>NA</u>
D014 Methylenechlor	10.0	<u>NA</u>
D015 Tetrachlorethane	0.5	<u>NA</u>
D016 2,4-Dichlorophenoxyacetic Acid	10.0	<u>NA</u>
D017 2,4,6-TP (Silver)	1.0	<u>NA</u>
D018 Benzene	0.6	<u>NA</u>
D019 Carbon Tetrachloride	0.8	<u>NA</u>
D020 Chlordane	0.03	<u>NA</u>
D021 Chlorobenzene	100.0	<u>NA</u>
D022 Chloroform	8.0	<u>NA</u>
D023 o-Cresol	200.0	<u>NA</u>
D024 m-Cresol	200.0	<u>NA</u>
D025 p-Cresol	200.0	<u>NA</u>
D026 Cresol	200.0	<u>NA</u>
D027 1,4-Dichlorobenzene	7.5	<u>NA</u>
D028 1,2-Dichloroethane	0.5	<u>NA</u>
D029 1,1-Dichloroethylene	0.7	<u>NA</u>
D030 2,4-Dichlorophenol	0.15	<u>NA</u>
D031 Heptachlor (and its epoxide)	0.008	<u>NA</u>
D032 Hexachlorobutadiene	0.13	<u>NA</u>
D033 Hexachlorobutadiene	0.5	<u>NA</u>
D034 Hexachloroethane	3.0	<u>NA</u>
D035 Methyl Ethyl Ketone	200.0	<u>NA</u>
D036 Nitrobenzene	2.0	<u>NA</u>
D037 Pentachlorophenol	100.0	<u>NA</u>
D038 Pyridine	5.0	<u>NA</u>
D039 Tetrachloroethylene	0.7	<u>NA</u>
D040 Trichloroethylene	0.5	<u>NA</u>
D041 2,4,5-Trichlorophenol	400.0	<u>NA</u>
D042 2,4,6-Trichlorophenol	2.0	<u>NA</u>
D043 Vinyl Chloride	0.2	<u>NA</u>

For Internal Use Only

Date Received _____

Date Approved _____

Treatment Method _____

PCI

144831

Company Name _____

Waste/Common Name _____

Sample Collected By _____

Date Collected _____

A. Generator Name: DYGERT SEALING Billing Name: D & B ENVIRONMENTAL
 Street 1010 ISHTOWER ST. Street 401 L.W.W.
 City GOSHEN State IN Zip 46528 City OSCEOLA State IN Zip 46561
 Technical Contact: TRIS GORE Title: AGENT Phone 219 674-8357 Fax: _____
 Federal EPA ID No.: TND 006883513 State ID No.: _____ S.I.C. Code: _____ Farm Code B: _____
 Check if you are a Conditionally Exempt Small Quantity Generator PCI Sales Rep: _____
 Common Name of Waste ADHESIVES
 Original Process Generating Waste (must be specific) SEALING GLUE

Method of Shipment Drum (size 55 GAL) Bulk _____ Quantity 1 per Wk Mo. Qtr Yr One-time

MSDS Attached? Yes No

TCLP Attached? Yes No

Check if sample has been submitted

B. PHYSICAL PROPERTIES @ 25°C (77°F)

Color(s) BROWNISH % Total Halogens _____

Specific Gravity _____

Odor (via casual detection) None Mild Strong

Physical State

Phase/Layers

LIQUID

% Liquid _____

% Sludge _____

Single

% Solid _____

% Powder _____

Multiple, how many _____

% Other, describe _____

Blw/Lb.	pH	Flashpoint
<input type="checkbox"/> < 5,000	<input type="checkbox"/> < 2.0	<input checked="" type="checkbox"/> < 73°
<input type="checkbox"/> 5-10,000	<input checked="" type="checkbox"/> 2.0-12.5	<input type="checkbox"/> 73-140°
<input type="checkbox"/> > 10,000	<input type="checkbox"/> > 12.5	<input type="checkbox"/> 140-200°
Exact _____	Exact _____	Exact _____

C. CHEMICAL COMPOSITION
(List Hazards as well as Non-Hazards components and their reporting ranges.)

Resin 40 - 50%

OTHER COMPONENTS TOTAL (PPM)

NO YES NO YES

<u>SULFIDES</u>	<input checked="" type="checkbox"/>	<u>AMINES</u>	<input type="checkbox"/>
<u>REACTIVE CYANIDES</u>	<input type="checkbox"/>	<u>PCBS</u>	<input type="checkbox"/>
<u>REACTIVE CYANIDES</u>	<input type="checkbox"/>	<u>PHENOLICS</u>	<input checked="" type="checkbox"/>
<u>REACTIVE CYANIDES</u>	<input type="checkbox"/>		

HAZARDOUS PROPERTIES

- NONE BENZENE
- NESHAP NESHAP
- WATER REACTIVE AIR REACTIVE EXPLOSIVE
- SHOCK SENSITIVE PYROPHORIC POLYMERIZABLE
- RADIOACTIVE PESTICIDE PATHOGEN
- INSECTICIDE
- CORROSIVE ETIOLOGICAL BIOLOGICAL
- DIOXINS

OTHER

E. RCRA CHARACTERIZATION

1. Is this material a "Hazardous Waste" under 40CFR 261.37?

Yes No

2. Is this a "Characteristic Waste"?

Yes No

If "Yes" Is it: D001 Ignitable D002 Corrosive D003 Reactive

D004 - D043 Toxic, give specific codes:

3. Is this an "F" or a "K" waste or mixed with one?

If "Yes" give waste codes from 40CFR 261.31 and/or 261.32: F005

4. Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33 (e) or (f)?

If "Yes" give the waste code:

5. Is this a state regulated waste?

If "Yes" give codes:

DOT CHARACTERIZATION

1. Is this a "Hazardous Substance/Marine Pollutant" as defined in 49CFR D.O.T.?

Yes No

2. If "Yes" give the proper D.O.T. Shipping Description from 49CFR 172:101:

ADHESIVES FLAMMABLE

UN #: 1133

3. Hazard Class: 3

RQ.

Packaging Group: II

4. Give the two primary hazardous constituents: TOLUENE

GENERATOR CERTIFICATION

I hereby certify that the above attached descriptions is complete and accurate to the best of my knowledge and ability. To deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

Also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

NAME (Print) TRIS GORE

TITLE: AGENT

SIGNATURE [Signature]

DATE 07-18-97

SAMPLERS SIGNATURE _____

PHONE _____

D. Based on knowledge or analysis, provide an actual value or value for TCLP concentrations or total metal concentrations in ppm.

INORGANIC CHARACTERISTICS

D004 Arsenic	5.0
D005 Barium	100.0
D006 Cadmium	1.0
D007 Chromium	5.0
D008 Lead	5.0
D009 Mercury	0.2
D010 Selenium	1.0
D011 Silver	5.0
Copper	100.0
Zinc	500.0

ORGANIC CHARACTERISTICS

D012 Endrin	0.02
D013 Lindane	0.4
D014 Methylchloroform	10.0
D015 Tetrachlorethane	0.5
D016 2, 4-Dichlorophenoxyacetic Acid	10.0
D017 2, 4, 5-T (Silvex)	1.0
D018 Benzene	0.5
D019 Carbontetrachloride	0.5
D020 Chlordane	0.03
D021 Chlorbenzene	100.0
D022 Chloroform	6.0
D023 o-Cresol	200.0
D024 m-Cresol	200.0
D025 p-Cresol	200.0
D026 Cresol	200.0
D027 1, 4-Dichlorobenzene	7.5
D028 1, 2-Dichloroethane	0.5
D029 1, 1-Dichloroethylene	0.7
D030 2, 4-Dinitroaniline	0.13
D031 Heptachlor (and its epoxide)	0.006
D032 Hexachlorobutadiene	0.13
D033 Hexachlorobutene	0.5
D034 Hexachlorethane	3.0
D035 Methyl Ethyl Ketone	200.0
D036 Nitrobenzene	2.0
D037 Pentachlorophenol	100.0
D038 Pyridine	5.0
D039 Tetrachloroethylene	0.7
D040 Trichloroethylene	0.5
D041 2, 4, 5-Trichlorophenol	400.0
D042 2, 4, 6-Trichlorophenol	2.0
D043 Vinyl Chloride	0.2

For Internal Use Only

Date Received _____

Date Approved _____

Treatment Method _____

PCI

144828

Company Name _____

Waste Common Name _____

Sample Collected By _____

Date Collected _____

A. Generator Name: DYGERT SeatingBilling Name: D&B ENVIRONMENTALStreet 1010 ISENHOWER ST.Street 401 L.W.W.City GOSHENState IN Zip 46528City OSCEOLAState IN Zip 46561Technical Contact: TRIS GORETitle: AGENTPhone: 219 674-8357 Fax: _____Federal EPA ID No: 205253513 State ID No: _____

S.I.C. Code: _____ Farm Code B: _____

 Check if you are a Conditionally Exempt Small Quantity Generator

PCI Sales Rep. _____

Common Name of Waste: NON-HAZ STARCH ADHESIVESOriginal Process Generating Waste (must be specific) LABEL GLUEMethod of Shipment Drum (size) 55G Bulk _____ Quantity 7 per Wk Mo Qtr Yr One-timeMSDS Attached? Yes NoTCLP Attached? Yes No Check if sample has been submitted

B. PHYSICAL PROPERTIES @ 25°C (77°F)

Color(s) WHITE

% Total Halogens _____

Specific Gravity _____

Odor (via casual detection) None Mild StrongPhysical State 100

Phase/Layers _____

Bw/Lb.	pH	Flashpoint
<input checked="" type="checkbox"/> < 5,000	<input type="checkbox"/> < 2.0	<input type="checkbox"/> < 73°
<input type="checkbox"/> 5-10,000	<input checked="" type="checkbox"/> 2.0-12.5	<input type="checkbox"/> 73-140°
<input type="checkbox"/> > 10,000	<input type="checkbox"/> > 12.5	<input type="checkbox"/> 140-200°
Exact	Exact	Exact

% Liquid _____

% Sludge _____

Single

% Solid _____

% Powder _____

Multiple, how many _____

% Other, describe _____

C. CHEMICAL COMPOSITION

(List Hazards as well as Non-Hazardous components and corresponding reags.)

	WATER	20 .30%
STARCH		50 .60%
RESINS		5 .10%

Total of Maximum concentration must be ≤ 100%

D. HAZARDOUS PROPERTIES

1. Is this material a "Hazardous Waste" under 40CFR 261.3?

 Yes No

2. Is this a "Characteristic Waste"?

 Yes NoIf "Yes" is it: D001 Ignitable D002 Corrosive D003 Reactive
 D004 - D043 Toxic, give specific codes:

3. Is this an "F" or "K" waste or mixed with one?

 Yes No

If "Yes" give waste codes from 40CFR 261.31 and/or 261.32:

4. Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33 (e) or (f)?

 Yes No

If "Yes" give the waste code:

5. Is this a state regulated waste?

 Yes No

If "Yes" give code:

E. DOT CHARACTERIZATION

1. Is this a "Hazardous Substance/Marine Pollutant" as defined in 49CFR D.O.T.?

 Yes No

2. If "Yes" give the proper D.O.T. Shipping Description from 49CFR 172.101:

NON-HAZ NON REGULATED

UN/NA #: _____

3. Hazard Class: _____

RQ _____

Packaging Group: _____

4. Give the two primary hazardous constituents:

GENERATOR CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

I also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

NAME (Print) TRIS GORETITLE AGENTDATE 7-18-97SIGNATURE Tris Gore

PHONE _____

SAMPLERS SIGNATURE _____

D.

Based on knowledge or analysis, provide an actual value or value for TCLP concentrations or total metal concentrations in ppm.

INORGANIC CHARACTERISTICS

D004	Arsenic	5.0	ADA
D006	Barium	100.0	S
D006	Cadmium	1.0	5
D007	Chromium	5.0	
D008	Lead	5.0	
D009	Mercury	0.2	
D010	Selenium	1.0	
D011	Silver	5.0	
	Copper	100.0	
	Zinc	500.0	

ORGANIC CHARACTERISTICS

D012	Ethrin	0.02	ADA
D013	Lindane	0.4	
D014	Methoxychlor	10.0	
D015	Toxaphene	0.5	
D016	2, 4-Dichlorophenoxyacetic Acid	10.0	
D017	2, 4, 5-TP (Silver)	1.0	
D018	Benzene	0.5	
D019	Carbon Tetrachloride	0.5	
D020	Chlordane	0.03	
D021	Chlorobenzene	100.0	
D022	Chlordene	6.0	
D023	o-Cresol	200.0	
D024	m-Cresol	200.0	
D025	p-Cresol	200.0	
D026	Cresol	200.0	
D027	1, 4-Dichlorobenzene	7.5	
D028	1, 2-Dichloroethane	0.5	
D029	1, 1-Dichloroethane	0.7	
D030	2, 4-Dinitrotoleune	0.13	
D031	Heptachlor (and its isopoxide)	0.008	
D032	Hexachlorobutane	0.13	
D033	Hexachlorobutadiene	0.5	
D034	Hexachloroethane	3.0	
D035	Methyl Ethyl Ketone	200.0	
D036	Nitrobenzene	2.0	
D037	Parachlorophenol	100.0	
D038	Pyridine	5.0	
D039	Tetrachloroethylene	0.7	
D040	Trichloroethylene	0.6	
D041	2, 4, 5-Trichlorophenol	400.0	
D042	2, 4, 6-Trichlorophenol	2.0	
D043	Vinyl Chloride	0.2	

For Internal Use Only.

Data Received _____

Date Approved _____

Treatment Method _____

PCI

144829

Company Name _____

Waste Common Name _____

Sample Collected By _____

Date Collected _____

A Generator Name: DYFERT SEALING Billing Name: D&B ENVIRONMENTAL
 Street 1010 ISANTOWER ST. Street 401 L.W.W.
 City GOSHEN State IN Zip 46528 City OSCEOLA State IN Zip 46561
 Technical Contact: TRIS GORE Title: AGENT Phone: 219 674-8357 Fax: _____
 Federal EPA ID No.: IND 005253513 State ID No.: _____ S.I.C. Code: _____ Form Code B: _____
 Check if you are a Conditionally Exempt Small Quantity Generator PCI Sales Rep. _____
 Common Name of Waste SOAP GRANULES
 Original Process Generating Waste (must be specific) POWDER SOAP FLOOR CLEANER

Method of Shipment Drum (size) 55 Gal Bulk _____ Quantity _____ / per Wk Mo Qtr Yr One-time
 MSDS Attached? Yes No TCLP Attached? Yes No Check if sample has been submitted

B. PHYSICAL PROPERTIES @ 25°C (77°F)

Color(s) WHITE % Total Halogens _____ Specific Gravity _____
 Odor (via casual detection) None Mild Strong
 Physical State _____ Phase/Layers _____
 % Liquid _____ % Sludge Single _____
 % Solid 100 % Powder Multiple, how many _____
 % Other, describe _____

Blw/Lb.	pH	Flashpoint
<input checked="" type="checkbox"/> < 5,000	<input type="checkbox"/> < 2.0	<input type="checkbox"/> ≤ 73°
<input type="checkbox"/> 5-10,000	<input checked="" type="checkbox"/> 2.0-12.5	<input type="checkbox"/> 73-140°
<input type="checkbox"/> > 10,000	<input type="checkbox"/> > 12.5	<input type="checkbox"/> 140-200°
Exact _____	Exact _____	Exact _____

C. CHEMICAL COMPOSITION
(List fractions of waste by percentage and corresponding reagent)

NON HAZ POWDER		%	OTHER COMPONENTS TOTAL (PPM)	
			NO	YES
CYANIDES	<input type="checkbox"/>	=		
SULFIDES	<input type="checkbox"/>	=	AMINES	<input type="checkbox"/>
REACTIVE CYANIDES	<input type="checkbox"/>	=	POLETS	<input type="checkbox"/>
REACTIVE SULFIDES	<input type="checkbox"/>	=	PHENOLICS	<input type="checkbox"/>
			HAZARDOUS PROPERTIES	
			<input type="checkbox"/> NONE	<input type="checkbox"/> BENZENE
			<input type="checkbox"/> WATER REACTIVE	<input type="checkbox"/> NESHAP
			<input type="checkbox"/> SHOCK SENSITIVE	<input type="checkbox"/> AIR REACTIVE
			<input type="checkbox"/> RADIOACTIVE	<input type="checkbox"/> PYROPHORIC
			<input type="checkbox"/> CORROSIVE	<input type="checkbox"/> POLYMERICABLE
			<input type="checkbox"/> DRUGS	<input type="checkbox"/> PATHOGEN
				<input type="checkbox"/> INSECTOCIDE
				<input type="checkbox"/> ETIOLOGICAL
				<input type="checkbox"/> BIOLOGICAL
				<input type="checkbox"/> OTHER

Total of maximum concentrations must be at 100% _____

E. RCRA CHARACTERIZATION

1. Is this material a "Hazardous Waste" under 40CFR 261.3?
 2. Is this a "Characteristic Waste"?
 If "Yes" is it: D001 Ignitable D002 Corrosive D003 Reactive
 D004 - D043 Toxic, give specific codes:

3. Is this an "F" or a "K" waste or mixed with one?

If "Yes" give waste codes from 40CFR 261.31 and/or 261.32:

4. Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under 40CFR 261.33 (e) or (f)?

Yes No
 Yes No

Yes No

Yes No

- If "Yes" give the waste code:

5. Is this a state-regulated waste?

If "Yes" give codes:

DOT CHARACTERIZATION

1. Is this a "Hazardous Substance/Marine Pollutant" as defined in 49CFR D.O.T.?

Yes No

2. If "Yes" give the proper D.O.T. Shipping Description from 49CFR 172.101:

Yes No

3. Hazard Class:

RQ _____ Packaging Group: _____

Give the two primary hazardous constituents: _____

GENERATOR CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

I also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

NAME (Print) TRIS GORE

TITLE AGENT

SIGNATURE [Signature]

DATE 7-18-97

SAMPLERS SIGNATURE _____

PHONE _____

D.	Based on knowledge or analysis, provide an actual value or value for TCLP concentrations or total metal concentrations in ppm.
MORGANIC CHARACTERISTICS	
D004 Arsenic 50	
D005 Barium 100.0	<input checked="" type="checkbox"/>
D006 Cadmium 1.0	<input checked="" type="checkbox"/>
D007 Chromium 5.0	<input checked="" type="checkbox"/>
D008 Lead 5.0	<input checked="" type="checkbox"/>
D009 Mercury 0.2	<input checked="" type="checkbox"/>
D010 Selenium 1.0	<input checked="" type="checkbox"/>
D011 Silver 5.0	<input checked="" type="checkbox"/>
Copper 100.0	<input checked="" type="checkbox"/>
Zinc 500.0	<input checked="" type="checkbox"/>
ORGANIC CHARACTERISTICS	
D012 Ethanol 0.02	<input checked="" type="checkbox"/>
D013 Lindane 0.4	<input checked="" type="checkbox"/>
D014 Methylenechlor 10.0	<input checked="" type="checkbox"/>
D015 Toxaphene 0.5	<input checked="" type="checkbox"/>
D016 2,4-Dichlorophenoxyacetic Acid 100.0	<input checked="" type="checkbox"/>
D017 2,4,5-TP (Silver) 1.0	<input checked="" type="checkbox"/>
D018 Benzene 0.5	<input checked="" type="checkbox"/>
D019 Carbon Tetrachloride 0.5	<input checked="" type="checkbox"/>
D020 Chloral 0.03	<input checked="" type="checkbox"/>
D021 Chlorobenzene 100.0	<input checked="" type="checkbox"/>
D022 Chloroform 6.0	<input checked="" type="checkbox"/>
D023 o-Cresol 200.0	<input checked="" type="checkbox"/>
D024 m-Cresol 200.0	<input checked="" type="checkbox"/>
D025 p-Cresol 200.0	<input checked="" type="checkbox"/>
D026 Cresol 200.0	<input checked="" type="checkbox"/>
D027 1,4-Dichlorobenzene 7.5	<input checked="" type="checkbox"/>
D028 1,2-Dichloroethane 0.5	<input checked="" type="checkbox"/>
D029 1,1-Dichloroethylene 0.7	<input checked="" type="checkbox"/>
D030 2,4-Dinitrotoluene 0.13	<input checked="" type="checkbox"/>
D031 Heptachlor (and its epoxide) 0.008	<input checked="" type="checkbox"/>
D032 Hexachlorobutadiene 0.13	<input checked="" type="checkbox"/>
D033 Heptachlorobutadiene 0.5	<input checked="" type="checkbox"/>
D034 Hexachloroethane 3.0	<input checked="" type="checkbox"/>
D035 Methyl Ethyl Ketone 200.0	<input checked="" type="checkbox"/>
D036 Nitrobenzene 2.0	<input checked="" type="checkbox"/>
D037 Peritrichlorphenol 100.0	<input checked="" type="checkbox"/>
D038 Pyridine 5.0	<input checked="" type="checkbox"/>
D039 Tetrachloroethylene 0.7	<input checked="" type="checkbox"/>
D040 Trichloroethylene 0.5	<input checked="" type="checkbox"/>
D041 2,4,5-Trichlorophenol 400.0	<input checked="" type="checkbox"/>
D042 2,4,6-Trichlorophenol 2.0	<input checked="" type="checkbox"/>
D043 Vinyl Chloride 0.2	<input checked="" type="checkbox"/>

If of Internal Use Only

Date Received _____

Date Approved _____

Treatment Method _____

PCI 144831

Company Name _____

Waste Common Name _____

Sample Collected By _____

Date Collected _____

FE 6L

YODER, AINLAY, ULMER & BUCKINGHAM

LAWYERS

P. O. BOX 575

130 NORTH MAIN STREET

GOSHEN, INDIANA 46526

(219) 533-1171

FACSIMILE NUMBER (219) 534-4174

JOHN D. ULMER
GEORGE E. BUCKINGHAM
GREGORY A. HARTZLER
R. GORDON LORD
CRAIG M. BUCHE
MICHAEL F. DEBONI
ALAN L. WELDY
B. DOUGLAS HAYES
MARK A. MATTHEWS
DENISE C. DAVIS
BOBBIE J. STEGELMANN
DAVID E. SWIHART

OF COUNSEL
CHARLES W. AINLAY

GEORGE E. PEPPLE
1907-1983

FRANK E. YODER
1917-1996

*ALSO ADMITTED IN NEW YORK

September 9, 1997

Tina Faulkner
Industrial Safety & Environmental Services, Inc.
1415 Lincolnway West, Suite E
P. O. Box 233
Osceola, IN 46561

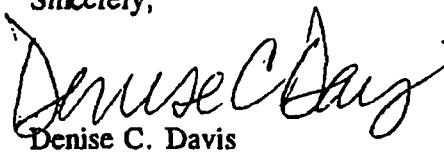
RE: Dygert Seating, Inc.
Case Number: 97-30265-RKR

Dear Ms. Faulkner:

For your convenience, enclosed please find an original and two copies of a Application for Payment of Administrative Expense that needs to be filed with Bankruptcy Court in the above-captioned matter. You should note that you need to attach your invoice to Dygert Seating, Inc. as Exhibit A to each copy and fill in the date Industrial Safety & Environmental Services, Inc. performed the removal. Please have the copies signed and then mail the original and one copy to the U.S. Bankruptcy Court, Northern District of Indiana, 401 South Michigan Street, P. O. Box 7003, South Bend, Indiana 46634-7003. Enclose with your package to the Bankruptcy Court a self-addressed and stamped envelope for return of the filing copy to you. Please forward a copy of the file-marked Application to Kent Brechtel when you receive it.

If you have any questions, please feel free to call me.

Sincerely,



Denise C. Davis

dcd:jb
enclosure

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA
SOUTH BEND DIVISION

IN RE:	)	CASE NO. 97-30265-RKR
)	
DYGERT SEATING, INC.	)	CHAPTER 11/7
53381 Marina Drive)	
Elkhart, Indiana 46514)	
Fed. I.D. No. 35-1449015)	
)	
Debtor)	

APPLICATION FOR PAYMENT OF ADMINISTRATIVE EXPENSE

1. Industrial Safety & Environmental Services, Inc. (hereinafter referred to as "ISES"), the claimant herein, is an Indiana corporation with principal offices at 1415 Lincolnway West, Suite E, P. O. Box 233, Osceola, Indiana 46561.
2. Dygert Seating, Inc., debtor and debtor in possession, commenced this case by filing its voluntary petition under Chapter 11 on January 30, 1997, which case remains pending.
3. The undersigned removed hazardous and other waste materials from the Goshen manufacturing facility of Dygert Seating, Inc., which property was used in the business of Dygert Seating, Inc. on _____, 1997, during the period following the filing of this case.
4. Dygert Seating, Inc. has failed to pay the costs for such removal in the amount of \$20,690.00 which claim has been submitted by the undersigned for reimbursement but has not been paid. Attached hereto as Exhibit A is a copy of the invoice from ISES to Dygert Seating, Inc. identifying the claim in the amount of \$20,690.00.

5. By reason of the foregoing, this claim constitutes an administrative expense of this estate of the kind specified in Bankruptcy Code §503.

WHEREFORE, the undersigned respectfully requests that this Court give notice to the Debtor, all creditors and all other entitled thereto of this Application and the Court enter an Order approving and allowing this Application and all other just and proper relief.

Respectfully submitted,

INDUSTRIAL SAFETY & ENVIRONMENTAL
SERVICES, INC.
1415 Lincolnway West, Suite E
P. O. Box 233
Osceola, IN 46561

By: _____

Printed Name: _____

Title: _____

Date: _____

FE 6M

Amended

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA
SOUTH BEND DIVISION

FILED
97 SEP 16 AM 9:52
JAMES A.
U.S. CLERK
NORTHERN DISTRICT OF INDIANA

IN RE:) CASE NO. 97-30265-RKR
)
DYGERT SEATING, INC.) CHAPTER 11/7
53381 Marina Drive)
Elkhart, Indiana 46514)
Fed. I.D. No. 35-1449015)
)
Debtor)

FILED
97 NOV 18 AM 7:55
JAMES A.
U.S. CLERK
NORTHERN DISTRICT OF INDIANA

APPLICATION FOR PAYMENT OF ADMINISTRATIVE EXPENSE

1. Industrial Safety & Environmental Services, Inc. (hereinafter referred to as "ISES"), the claimant herein, is an Indiana corporation with principal offices at 1415 Lincolnway West, Suite E, P. O. Box 233, Osceola, Indiana 46561.

2. Dygert Seating, Inc., debtor and debtor in possession, commenced this case by filing its voluntary petition under Chapter 11 on January 30, 1997, which case remains pending.

3. The undersigned removed hazardous and other waste materials from the Goshen manufacturing facility of Dygert Seating, Inc.. which property was used in the business of Dygert Seating, Inc. on Dygert 6th, 1997, during the period following the filing of this case.

4. Dygert Seating, Inc. has failed to pay the costs for such removal in the amount of \$20.142.73 which claim has been submitted by the undersigned for reimbursement but has not been paid. Attached hereto as Exhibit A is a copy of the invoice from ISES to Dygert Seating, Inc. identifying the claim in the amount of \$20.142.75.

117

5. By reason of the foregoing, this claim constitutes an administrative expense of this estate of the kind specified in Bankruptcy Code §503.

WHEREFORE, the undersigned respectfully requests that this Court give notice to the Debtor, all creditors and all other entitled thereto of this Application and the Court enter an Order approving and allowing this Application and all other just and proper relief.

Respectfully submitted,

INDUSTRIAL SAFETY & ENVIRONMENTAL
SERVICES, INC.
1415 Lincolnway West, Suite E
P. O. Box 233
Osceola, IN 46561

By: Tris O Gour

Printed Name: Tris O Gour

Title: President

Date: September 14 1997

CLAIM IS DEFECTIVE:

- Case is not properly identified
 Unsigned or forged signature
RESUBMIT WITH A FRESH COPY
WITH ORIGINAL SIGNATURE AND
MARKED "AMENDED"

INDUSTRIAL SAFETY
&
ENVIRONMENTAL SERVICES
P.O. Box 233
OSCEOLA, IN 46561
Phone: (219) 674-8357 • 259-4138
FAX (219) 674-6166

invoice

Bill To

Dygart Seating
53381 Marina Drive
PO BOX 847
Elkhart, IN 46515

FILE COPY

Service Invoice 2011

Date 8/6/97

Customer ID DYGRT01

Description Of Services

Discount

Item Total

SEE ATTACHED SUMMARY

Subtotal	\$20,142.75
Discount	0.00% \$0.00
Sales Tax	\$0.00
Misc Amount	\$0.00
Total	\$20,142.75
Amount Paid	\$0.00
Balance Due	\$20,142.75

Payment Terms Net 10 Days
Payment Method No Payment Received
Memo

I.S.E.S.
P.O. Box 233
1415 Lincolnway West
Suite E
Osceola IN 46561

Invoice Summary For:

Dygert Seating, Inc.
53381 Marina Drive
P.O. Box 847
Elkhart IN 46515

DUE UPON RECEIPT

Professional Services

	<u>Amount</u>
8/6/97 Hazardous And Special Waste Disposal Charges For Goshen Facility Resulting From Facility Closing Per The Quotation Provided May 1, 1997.	20,142.75
	<u>Hours</u>
For Professional Services Rendered	0.00 \$20,142.75